

Volunteer Personal Details

Title	First given name	Surname

Other given names	Preferred name

Date of birth	Gender	Email address
Male/Female (please circle)		

Postal address

Suburb	Post Code

Telephone – home	Mobile

Emergency Contact	Relationship	Contact phone number

Allergies and Health Issues

The Arthritis Foundation of South Australia and you have a duty of care to protect your health and safety while you are volunteering. All volunteers have a responsibility to inform the Kidsflix Coordinator of any allergies or health issues that may be an issue in the workplace and to discuss strategies to address any possible incidents.

Health	Yes	No	N/A
Do you have any health problems/allergies that may affect your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes please provide details			

How did you hear of the volunteer opportunity?

Web	Press	Radio	TV	Friend	Volunteer Agency
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other _____

Have you undertaken a police check within the last three years?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Do you have a current drivers licence?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you have a current first aid certificate? If yes please list the qualification (eg Senior First Aid) _____	<input type="checkbox"/>	<input type="checkbox"/>
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Please turn over

Privacy

Do you give permission for your name and/or photograph to be published in any Arthritis SA publication, such as 'On the Move', brochures and the annual report? **YES/NO (please circle)**

Do you give permission for your name and/or photograph to be used on the Arthritis SA website? **YES/NO (please circle)**

Privacy principles

The Arthritis Foundation of South Australia (AFSA) is committed to protecting your privacy. AFSA supports and is bound by the Privacy Amendment (Private Sector) Act 2000 and the National Privacy Principles. A copy of the National Privacy Principles can be found at <http://www.privacy.gov.au/publications/npps01.html>

(Taken from AFSA-Privacy Policy doc 1. Please refer to the document in full for more information)

Confidentiality

As a volunteer you may have access to personal information about clients/customers. The privacy rights of clients need to be respected and the following guidelines are designed to protect this right.

No information about clients/customers, including their identity, is to be given to any person or agency outside of Arthritis SA without the permission of Arthritis SA and the client unless there is a legal requirement to do so. These matters should be discussed with your supervisor.

Sharing of information should be limited to those staff members and volunteers with whom there is a need to discuss any details and consideration needs to be given to the privacy of the environment in which any such discussion occurs.

Volunteers shall not during their time with Arthritis SA or after leaving the organisation, use or disclose any confidential information for any purpose other than where such use or disclosure is authorised by Arthritis SA.

Volunteers have an identified staff member, or the Volunteer Co-ordinator, available to them to discuss any queries or voluntary work related matters, to debrief and discuss relevant policies and procedures.

If you have any questions please ask!

Statement of Agreement

- ✓ I certify that to the best of my knowledge, the above details are correct and complete.
- ✓ I also understand and agree to abide by the rules and direction of the AFSA's policies and procedures and direction of staff and will endeavour to:
 - Take reasonable care of my own safety and that of others at work.
 - Give feedback on any matter or issues that give cause for concern as soon as possible.
 - Notify any hazard and report any injury to myself or to others as soon as practical to my staff contact.
 - I understand all information obtained will be treated in confidence, which will be available only to authorised staff or volunteers. *Yes, I have read the Confidentiality paragraph above.*

Verification

I verify that all of the information provided is true and correct.

Volunteer Signature

Date

Thank you for completing this form for Arthritis SA. We value our volunteers and the information provided by you will assist us in providing the best possible volunteer experience.

Office use: Entered