



VOLUNTEER SIGN-UP FORM

Title: Mr / Mrs / Miss / Ms *(Please circle)*

First Name: _____ **Surname:** _____

Address: _____
 _____ **Post code:** _____

Home Phone: _____ **Mobile:** _____

Email: _____

Date of Birth: ___/___/___ **Gender: (Please circle)** M F

Drivers Licence No: _____ **Expiry Date:** ___/___/20__

Emergency Contact: Name: _____ **Phone:** _____

Relationship: _____

Are you taking any medication or do you suffer from any known medical condition, which may impair your ability to drive? Yes No

(If Yes, A doctor's certificate may be required)

Have you ever been convicted for a criminal offence? Yes No

What is your current work status? (Please tick)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retired | <input type="checkbox"/> Full-time worker |
| <input type="checkbox"/> Home Duties | <input type="checkbox"/> Part-time worker |
| <input type="checkbox"/> Job seeker | <input type="checkbox"/> Casual worker |
| <input type="checkbox"/> Traveller/Visitor | <input type="checkbox"/> Student |

Are you interested in volunteering for special events/projects? Yes No

What is your motivation for volunteering?

- | | |
|---|--|
| <input type="checkbox"/> Help others/give back to the community | <input type="checkbox"/> Personal satisfaction |
| <input type="checkbox"/> To be active/keep busy | <input type="checkbox"/> Using skills/learning new skills |
| <input type="checkbox"/> Gain work experience/reference | <input type="checkbox"/> Explore/engage in areas of interest |
| <input type="checkbox"/> Build confidence/self-esteem | <input type="checkbox"/> Social interaction/meet people |
| <input type="checkbox"/> To make a difference | <input type="checkbox"/> Centrelink/Job Network/CWC |
| <input type="checkbox"/> Practising English | <input type="checkbox"/> Other |



VOLUNTEER SIGN-UP

What is your general work history? _____

What skills and qualifications are you able to contribute to the Kidney Support Network Inc.

Please describe your skill and qualification level? (basic, intermediate, advanced, qualifications)

What type of volunteer work are you interested in?

Primary Interest

- Admin assistant
- Hospital visits
- Sewing
- Transporting patients
- Support groups
- Speaking/displays at retirement estates
- Other

Secondary Interest

- Admin assistant
- Hospital visits
- Sewing
- Transporting patients
- Support groups
- Speaking/displays at retirement estates
- Other

Have you done volunteer work before? If yes, what kind and for what organisation?

What times are you available for volunteer work?

- AM Mon Tues Wed Thurs Fri Weekends On call
- PM Mon Tues Wed Thurs Fri Weekends



VOLUNTEER SERVICES AGREEMENT

It is a requirement of the Kidney Support Network Inc. that Volunteers read and adhere to the **Volunteer Services Agreement**, which is outlined below.

I (Name of volunteer) as a volunteer of the Kidney Support Network Inc. (KSN) agree to the following:

1. As a volunteer working with the Kidney Support Network Inc., I will undertake to promote excellence in service and maximise the quality of my experience.
2. Undertake my duties in a professional manner, respecting at all times the rights and dignity of others and representing the Kidney Support Network Inc. within the community in a positive and respectful way.
3. Recognise my own motives for being a volunteer and ensure that Kidney Support Network Inc. is aware of these.
4. My volunteering must always be a matter of free choice.
5. My volunteering must not be seen as a precondition of paid employment.
6. Actively accept opportunities for education and training on a periodic basis.
7. Carry out all work mutually agreed to, responsibly and ethically.
8. Acknowledge and bring to the attention of Kidney Support Network Inc. any concerns that might affect my work performance or workplace relationships or quality of service.
9. See myself as a valued team member, contributing to decisions, which affect my work.
10. Will value and support other team members.
11. Will uphold and abide by the policy and procedures of the organisation.
12. Give reasonable notice of intended cessation of volunteering role with Kidney Support Network Inc. as a matter of courtesy.

Signed: _____ Date: ____/____/20__

Full name of volunteer: _____

Volunteer's Address: _____
_____ Postcode: _____

Home Phone: _____ Work Phone: _____

Email: _____

Signed for and on behalf of the KSN: _____ Branch: _____

Name: _____ Date: ____/____/20__

Position: _____

Proposed volunteer duties: _____



CONFIDENTIALITY AGREEMENT

Preface:

The purpose of this Confidentiality Agreement is to protect the information contained within the files, and to protect all personal details obtained through interviews at the Centre. This Agreement is also designed to protect both paid and volunteer staff at the Kidney Support Network.

All Kidney Support Network paid staff and volunteers who have access to private and confidential information, obtained through interviews and files have a responsibility to ensure that confidential information is not inappropriately released or taken from the Kidney Support Network. Authorisation for the release of personal information must be obtained from the President of the Board.

This Agreement is designed to protect the details of everyone involved with the Kidney Support Network.

I have read the above information and agree to abide by the Kidney Support Network Confidentiality Agreement.

VOLUNTEER NAME: _____ DATE: _____

SIGNATURE: _____

COORDINATOR SIGNATURE: _____

POSITION HELD: _____



PHOTOGRAPHIC MODEL RELEASE

Description of photography

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Declaration

- I permit the Kidney Support Network to use the photograph/s as described for all uses including publicity and/or merchandising and/or editorial purposes in any country.
- The images may be used as reproductions or adaptations either in part, alone or in conjunction with any wording and/or drawings.
- No changes to the terms of this model release are accepted unless agreed to in writing by the Kidney Support Network.
- I understand that copyright in the photographs remains with the State of Queensland that that I do not have any interest in the copyright to the photographs.

Tick appropriate box

- I am over 18 years old **or**
- I have parental or guardian consent if I am under 18 years old (see signatures below).

Model's name			
Address/phone no.			
Signature		Date	/ /

Parent/Guardian Name			
Address/phone no.			
Signature		Date	/ /

KSN representative			
Contact details			
Signature		Date	/ /

Photographer			
Assignment date	/ /	Reference	
Comments			