



## SFC EVENT VOLUNTEER AGREEMENT

Thank you for putting your hand up to volunteer in our event! It's important to read the following Terms of Agreement, complete and sign this form and return it to the Secretary [admin@screenfrasercoast.com.au](mailto:admin@screenfrasercoast.com.au) before you start volunteering.

Activity/Event Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **Volunteer Details:**

First Name & Surname: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

If applicant is under 16 - Parent/Guardian details are required

Parent/Guardian Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### **Emergency Contact**

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

### **Terms of Agreement**

By signing this form, I acknowledge and agree to the following terms during my position.

- I will be undertaking a volunteer role with Screen Fraser Coast (SFC) and will perform all duties on a voluntary basis and understand this means I will not be paid for my work.
- I will only undertake duties which I am authorised to do and will only complete tasks under the direction of the SFC Event Manager.
- I understand that as a volunteer I will not be covered by Workers Compensation Insurance but will be covered under SFC's Personal Accident Insurance for the duration of the event.
- If I become aware of any health and safety issues/incidents or potential hazards, I will report this to the SFC Event Manager as soon as possible and before leaving the event.
- I will not disclose any confidential information relating to SFC, even after the conclusion of my volunteering, unless required by law.

### **Privacy**

- I have read, understood and consent to SFC's Privacy Policy



By signing this form, I confirm that I have read and agreed to all outlined conditions.

Volunteer Signature \_\_\_\_\_

Volunteer Name \_\_\_\_\_

Date \_\_\_\_\_

*If applicant is under 16*

As parent/guardian, I give consent for the above applicant to be a volunteer with Screen Fraser Coast

Parent/Guardian Signature: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use only**

As an authorised representative of Screen Fraser Coast, I have completed all requirements to safely engage this individual as a volunteer.

Manager Signature: \_\_\_\_\_

Manager Name: \_\_\_\_\_

Date: \_\_\_\_\_

*\*This agreement is to be used for once-off volunteering where the volunteer contributes less than seven (7) days of volunteering (regardless of the event's duration). For any roles requiring an integrity check / with an overnight component / exceeds seven (7) days of contribution, the full volunteer registration process as outlined in SFC's volunteer policy must be used.*