

# APPENDIX 2.7 VOLUNTEER ENROLMENT FORM

Royal Historical Society of Victoria example:

Surname: \_\_\_\_\_ Title: (e.g. Mr, Mrs, Ms, Dr, etc.) \_\_\_\_\_

Given names: \_\_\_\_\_

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

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Member of RHSV: Yes  No

Member of affiliated society Yes  No

Age: Under 20  20 – 29  30 – 39  71 – 80  This information is

40 – 49  50 – 59  60 – 70  80 and over  for statistical

Gender: Male  Female  reporting purposes only.

Emergency Contact:

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

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

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Student undertaking work experience  or Student volunteer:

School/tertiary institution attending: \_\_\_\_\_

Date commenced as a RHSV volunteer: \_\_\_\_\_

Area working in: \_\_\_\_\_

Qualifications and relevant working experience:

\_\_\_\_\_

Working: On-site  Off-site

Name of person reporting to: \_\_\_\_\_

Other RHSV areas interested in working in: \_\_\_\_\_

\_\_\_\_\_

Royal Historical Society of Victoria example

Special skills (e.g. languages other than English; specialist museum/library skills):

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**DAYS PREFERRED**

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning							
Afternoon							

Frequency (circle)

Daily	Weekly	Fortnightly	Monthly	As required
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**HEALTH (OPTIONAL)**

Do you know of any injuries, diseases, conditions or complaints which would restrict your ability to work as a volunteer? If yes, give details:

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**ADDITIONAL INFORMATION**

Please specify any additional information re. special circumstances that may have a bearing on your application (i.e. length of commitment, transport difficulties, etc.):

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## **STATEMENT**

The ROYAL HISTORICAL SOCIETY OF VICTORIA thanks you for offering your services as a volunteer.

As a volunteer, no payment will be made to you by the ROYAL HISTORICAL SOCIETY OF VICTORIA.

You will undertake tasks which are approved and controlled by the ROYAL HISTORICAL SOCIETY OF VICTORIA. All property (including all intellectual property) in any materials created as part of these tasks will be owned by the ROYAL HISTORICAL SOCIETY OF VICTORIA.

While assisting the ROYAL HISTORICAL SOCIETY OF VICTORIA, you are covered under the ROYAL HISTORICAL SOCIETY OF VICTORIA's Public Liability Insurance. Limited Personal Accident Insurance cover will be effected by the ROYAL HISTORICAL SOCIETY OF VICTORIA subject to the terms and conditions of the policy.

Should any injury occur to you while you are acting as a volunteer of ROYAL HISTORICAL SOCIETY OF VICTORIA you must notify your supervisor/liaison officer immediately, or as soon as practicable.

Under the terms of the Occupational Health and Safety Act 2004, you must follow all established practices, procedures and instructions of the ROYAL HISTORICAL SOCIETY OF VICTORIA which apply to the tasks you have volunteered to perform.

You are expected to perform the task you have volunteered to perform with all due care, skill and diligence.

## **DECLARATION**

I certify that to the best of my knowledge, these particulars are true and correct. I agree to the abovementioned Statement.

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

Please return to:       Executive Director,  
Royal Historical Society of Victoria Inc.  
239 A'Beckett Street,  
MELBOURNE VIC 3000