




## Volunteer Registration Form

The RSPCA is an independent, non-government, community-based charity providing animal care and protection services. In order to carry out its objectives it relies heavily upon its volunteers. Volunteers must be aware that whilst there is no employment relationship between the RSPCA and its volunteers, the RSPCA must ensure that the services provided by the volunteers are consistent and of a high quality.

The information collected in this form is for the purpose of:

-  Keeping current contact details of each volunteer to be used as required by the Volunteer Resource Office
-  Determining suitable volunteer work and roster details for individuals
-  Identifying trends to aid with future recruitments

### Please read, fill in and sign all sections, and keep a copy for your record

Mr/Mrs/Ms/Miss/D<sup>r</sup> Amninder Singh

Address: 18 Goodman Street Suburb: Nakara Postcode: 0810

Phone (hm): \_\_\_\_\_ (wk): \_\_\_\_\_ (mbl): 0405801131

Email: (write clearly) amninder\_338@yahoo.com D.O.B: 13/02/1987

Minimum age for volunteers – 16 years or older – Volunteers cannot be supervised by staff at all times.

Emergency Contact Name: Jasleen Kour Phone: 0416137770

Relationship to volunteer: Wife

Are you currently (please circle 1 or more of the following)

Employed: Fulltime / Part time / Casual (/)      Home Duties      Student/Unemployed      Retired

If student; School \_\_\_\_\_ Year \_\_\_\_\_

### REFERENCE – either work or character

Name: Dr Rama Jayaraj, Charles Darwin University Phone: \_\_\_\_\_

Or Email rama.jayaraj@cdu.edu.au Relationship to applicant Professor

Have you had any prior volunteer experience? Give details Worked as Veterinary Nurse, Morrison Vet Clinic, Luton, UK.

Please list any skills you have e.g. professional skills/ qualifications, carpentry, gardening etc Worked as a Veterinary Doctor & Nurse, London, UK

I Amninder Singh (print name) DATE 03/09/16 was inducted as a RSPCA Darwin

Volunteer at 80 Boulter Road SIGNED Amninder

### Office Use Only:

Contacted for induction: \_\_\_\_\_ Inducted Date : \_\_\_\_\_ Staff member inducted: \_\_\_\_\_





Entered into Sheltermate: \_\_\_\_\_ Entered into Vol Excel SS \_\_\_\_\_

Added to email distribution: \_\_\_\_\_ Copy of Volunteer Manual given: \_\_\_\_\_

NOTES \_\_\_\_\_

## Volunteer Availability

Please select below the day(s) and time(s) you are available to volunteer. Our volunteering hours are:  
Monday to Friday 8:30am – 5:00pm, Saturday 8:30am – 4pm and Sunday 8:30am – 1pm

<b>Monday</b>	<u>12</u> AM	<u>5</u> PM	<b>Regularity (please circle):</b>   Weekly (/)  Fortnightly  Monthly  Casual (/)
<b>Tuesday</b>	<u>12</u> AM	<u>5</u> PM	
<b>Wednesday</b>	<u>12</u> AM	<u>5</u> PM	
<b>Thursday</b>	<u>12</u> AM	<u>5</u> PM	
<b>Friday</b>	<u>12</u> AM	<u>5</u> PM	
<b>Saturday</b>	_____ AM	_____ PM	
<b>Sunday</b>	<u>10</u> AM	<u>1</u> PM	

Please circle the type of volunteer work that interests you at the RSPCA

Cattery (/)    Dog Walking (/)    Kennels (/)    Weekend Adoption Assistant (/)  
Administration(/)    Maintenance/Gardening    Lawn Mowing    Events (/)    Fundraising (/)

Foster Care:    Cats and Kittens (usually under the age of 5 weeks, which need fostering for 3 – 4 weeks)

Foster Care:    Dogs and Pups (note: you may need to have a property inspection)

Please Circle Yes<sup>(/)</sup> / No if you would like to receive a Newsletter, keeping you up to date on all events and activities for RSPCA Darwin.

### Duty of Care (Confidential)

This information will help us to avoid rostering you for inappropriate tasks and to take responsible action to assist you should you become unwell while volunteering for the RSPCA. It is in your best interests to advise the RSPCA should there be any changes to this information in future. (eg Back injury, wheelchair access, allergies)

Do you suffer from any allergies? please specify: No

\_\_\_\_\_

Do you have any medical conditions that may affect your work/ please Specify: No

\_\_\_\_\_

Are you taking medication/ Please specify: No

\_\_\_\_\_













**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Volunteer Conditions and responsibilities

By signing this Volunteer Registration I acknowledge and agree:

-  To abide by and work within the guidelines of RSPCA policy as amended from time to time;
-  That the tasks I undertake for the RSPCA are done in a voluntary capacity;
-  That the RSPCA may change or cancel any part of its volunteer program as it sees fit;
-  That the RSPCA may cancel my registration as a volunteer at any time;
-  That my hours of volunteer work are at the complete discretion of the RSPCA;
-  That no employment relationship exists between myself and the RSPCA;
-  That I will receive no remuneration for my volunteer services;
-  That I understand that I will be given training in order to become a valued volunteer and I will commit to provide volunteer services on a regular basis;
-  That I will be subject to the supervision of paid staff and supervising volunteers of the RSPCA;
-  That I am not covered by WorkCover insurance as I am not an employee;
-  That I will have a current tetanus coverage should I be volunteering in a role where animal handling is required;
-  That as my capacity as a RSPCA volunteer, I may come into contact with confidential and/or commercial information and to protect this information to best of my ability as a volunteer and not divulge it during or after my service has ended.

### Section B – Declarations

#### Animal Investigation Declaration

By signing below you agree that you have not been investigated for animal related offences by the RSPCA or any other statutory authority. If there has been an investigation in which you were involved, please discuss this with your RSPCA representative.









#### Criminal Record Declaration

The RSPCA Darwin has an ongoing commitment to maintaining a safe environment for people in the workplace, members of the public and the animals. We also focus on fostering a professional work environment. The RSPCA Darwin reserves the right to decline offers of assistance from individuals who have a criminal record or history and or who may pose a security risk.

Have you ever committed or been convicted of a crime (other than minor traffic offences)? Yes / ~~No~~(circle)

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

## Possible/relevant convictions/offences include:

- |  |   |
|--|---|
|  Offences relating to the neglect or cruelty to animals |  Child related offences  |
|  Crimes against the person                              |  Destruction of property |
|  Violent crimes   |  Drug related offences   |
|  Theft  |  Public Order offences   |

## Working with Children Declaration

It is an offence for a prohibited person to apply for, attempt to obtain, undertake or remain in child-related employment employment/volunteering. A prohibited person is a person who has committed or been convicted of any child related criminal charges, including a registrable person under the Child Protection (Offenders Registration) Act 2000. A conviction includes a finding that the charge for an offence is proven, or that a person is guilty of an offence, even though the court does not proceed to a conviction. By signing below you are agreeing that you are not a prohibited person under the Commission for Children and Young People Act 1998 and that you understand that you may be required to provide your Working With Children authority.

### Declaration

Applicant to complete:

I declare that the statements made by me in this form are true and complete and I acknowledge and agree to RSPCA Darwin Volunteer Conditions and responsibilities as identified in page 3 of this registration.

Applicant Name (please print): Dr Amninder Singh

Applicant Signature: Amninder Date: 04/ 09/ 2016

### RSPCA representative (staff) to complete:

I have sighted the full name and address and photo identification for the above named person

Staff name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Photo ID copy attached or sighted details: \_\_\_\_\_

Your privacy is important to us. All personal information which you provide to us will be subject to our Privacy Policy. Our Privacy Policy is available on our website and details our commitment to protecting your personal details and privacy.

<http://www.rspcadarwin.org.au/privacy-policy>