

12 Willakool Drive, Lake Boga VIC 3584

Tel: 03 5037 2850

Email: museum@flyingboat.org.au

Volunteer Application Form

Please complete this form and return via email, post or delivery to the Museum

Personal Details:		
Mr / Mrs / Ms / Miss / Other (Please circle)	Given Name:	Surname:
Address:		
Postal Address: (if different)		
Date of birth:	Phone: (Mobile)	Phone: (Home)
Email:	1,	
Emergency Contact Name:	Relationship:	Phone:
Are you currently: Retired. Student Casual Home duties	Employed part time Employed full time Unemployed Self employed	
Availability Days: Time: Monday AM, 10-2, Tuesday AM, 10-2, Wednesday AM, 10-2, Thursday AM, 10-2, Friday AM, 10-2, Saturday AM, 10-2, Sunday AM, 10-2, Why would you like to volunteer	PM Weekly PM Fortnightly PM Monthly PM Other: PM	

Detail relevant skills, interests and work	experience (optional to attach	your resume):	
Do you have a current Working with Ch	ildran's Chaple?		
Do you have a current Working with Ch Yes – Check Number: No	Expiry date:		
Do you have a current driver's licence? Yes No			
Do you have access to a registered and Yes No N/A	insured motor vehicle?		
Do you have current ambulance member Yes No	ership cover?		
Can you provide proof of vaccination fo Yes No	r Covid-19?		
References: Please provide two references (not fam	ily members), including their re	elationship to you. By providing these	
details you are agreeing for us to contact	· -		
Name:	Phone:	Relationship to you:	
Name:	Phone:	Relationship to you:	
Physical demands declaration:			
Do you have any pre-existing medical co	onditions or special needs that	may affect the type of work you can do	
as a volunteer? Yes No			
res NO			
If yes, please outline conditions and or	estrictions on work:		
Volunteer declaration:			
I agree that all statements contained in this volunteer application have been made by myself and are true			
and accurate.			
Name (printed):			
Signature of volunteer:		Date:	

Volunteer Agreement

This agreement is to ensure you have a clear understanding of your involvement and responsibilities whilst engaged in a volunteer capacity.

The position you are a registered volunteer for is:

Location:

Your Supervisor is:

I agree to the following conditions and responsibilities:

- 1. To undertake any voluntary activities with Catalina Flying Boat Museum of my own free will, without payment (excludes authorised reimbursements) and in accordance my position duties statement and this agreement.
- 2. I acknowledge that for insurance purposes, I am covered by Catalina Flying Boat Museum's Public Liability Insurance Policy, only whilst I am engaged in activities which are supervised or co-ordinated by Catalina Flying Boat Museum staff.
- 3. I acknowledge that while acting as a volunteer I am covered by limited personal accident insurance cover, subject to the terms and conditions of the policy.
- 4. To perform all volunteer activities, with due care following established practices, procedures and the instructions of Catalina Flying Boat Museum staff. Should I be asked to perform any activity that I feel I cannot carry out proficiently or safely, I will discuss this matter with my Volunteer Supervisor.
- 5. To report any incident, injury, accident, potential hazard or property damage whilst I am volunteering, as soon as practicable, to my Volunteer Supervisor.
- 6. I authorise Catalina Flying Boat Museum representative/staff to seek emergency medical treatment for me in the case of an accident, injury or illness whilst I am engaged in volunteer activities.
- 7. To uphold a positive image of the Catalina Flying Boat Museum at all times, respect any person I associate with in my voluntary role(s) and fully maintain confidentiality and privacy requirements regarding my role(s), any personal details and Catalina Flying Boat Museum information.
- 8. To participate in any relevant training as required by the Catalina Flying Boat Museum and abide by all associated legislation and Catalina Flying Boat Museum policies and procedures.
- 9. To fulfil any requirements relating to the completion of any mandatory screening assessment(s). During my tenure as a volunteer with the Catalina Flying Boat Museum, I will advise my supervisor of any convictions or allegations of any criminal offence against me immediately.
- 10. I grant the Catalina Flying Boat Museum permission to use my likeness, voice and /or words in any media format, to promote the activities of the Museum.
- 11. I accept that the Catalina Flying Boat Museum reserves the right to review my volunteering activity with me and, if necessary, to discontinue my volunteering with the Museum.
- 12. I acknowledge that upon ceasing volunteering with the Catalina Flying Boat Museum, I have no right to any document, collection item or other intellectual property

prepared by me in a volunteering role, or information contained in any Catalina Flying Boat Museum communication or file systems.

Volunteer acknowledgement
I have read and understood the Volunteer Agreement.
Name (please print):
Signature of Volunteer:
Date:
Parent/guardian (to be completed only if volunteer is under 18 years of age)
I am the legal parent/guardian of
and agree to their participation as a Catalina Flying Boat Museum volunteer under the conditions stated.
Signature of Parent/Guardian:
Date:

The information you provide on this form will be used solely for the consideration of your suitability as a volunteer and will be only used for the purpose it was collected and will not be disclosed to any other organisation unless required to do so by law. We reserve the right to decline the application of any volunteer for any reason. This may include but is not limited to a behaviour which conflicts with our policies and values, or where the applicant does not meet specific requirements for a volunteer position.