

New Horizons Tasmania – Volunteer Registration Form

IMPORTANT: It is the responsibility of the volunteer to update information provided on this form as necessary, e.g. if contact details change, update qualifications. New Horizons Tasmania records the contact details provided by you in this document and cannot be held responsible for unsuccessful communication attempts (telephone, mail or email) if the details are incorrect.

Eligibility Criteria for New Horizons Tasmania Volunteers

New Horizons Tasmania Volunteers must apply for membership of New Horizons Tasmania, present a current working with vulnerable people check, agree and sign the code of conduct. Volunteers will undergo an induction and need to agree to follow the New Horizons Tasmania values, mission statement and all policies and procedures.

Whilst the judgement of the person themselves or referring body will be taken into consideration, the final decision regarding acceptance to New Horizons Tasmania programs is at the discretion of the New Horizons Tasmania and may be subject to change.

1. Volunteer details

| | | | |
|----------------------------|------------------|---|-----------------------|
| Given name: | | Family Name: | |
| Address: | | Suburb: | |
| State: | Postcode: | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | Date of Birth: |
| Telephone: (home) | | (work) | (mobile) |
| Email: | | Receive Newsletter/updates via email: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Name of work place: | | | |

Do you wish to be recognised as:

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|--|--|
| Culturally and Linguistically Diverse background (CALD) Yes <input type="checkbox"/> No <input type="checkbox"/> | Aboriginal Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Torres Strait Islander Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you wish to have religious or cultural beliefs taken into consideration in relation to attending Inclusive New Horizons Tasmania's programs? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| <i>If 'Yes' please provide details:</i> | |

2. Referee (who referred you to us) or how did you find out about us?

| | |
|------------------------------------|-------------------|
| Name of Referee: | |
| Relationship: | Telephone: |
| Address: | |
| Email: | |
| OR How did you discover us? | |

3. Volunteer area of interests:

Please tick/list the sport or recreation activities which you are interested in. This could be in a coaching, officiating, assistant capacity or other:

| | | |
|--|--|---|
| <input type="checkbox"/> Aussie Rules Football | <input type="checkbox"/> Bocce | <input type="checkbox"/> Cricket Indoor or Outdoor |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Futsal / Soccer | <input type="checkbox"/> Indoor & Lawn Bowls |
| <input type="checkbox"/> Netball | <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Tenpin Bowling | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Boccia |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Fitness Classes | <input type="checkbox"/> Social Events |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Taekwondo | <input type="checkbox"/> leisure weekends or trips |
| <input type="checkbox"/> Song & Dance | <input type="checkbox"/> Craft | <input type="checkbox"/> Art programs ie photography, art |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Board / Committees |
| <input type="checkbox"/> Working Bees / odd jobs | <input type="checkbox"/> General Support at activities | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Bus Driver (12 seater normal license applies) | <input type="checkbox"/> Other |

4. Volunteer Skills / Qualifications:

I have a specialised skill I could offer to assist New Horizons Tasmania, when available pro bono or at discounted rates i.e Tradesperson, Accountant, Cleaner, I.T:

Specialised Skill:

Please briefly explain your area of skills/ qualification / interest and detail any qualifications:

i.e first aid, coaching / officiating qualification

Drivers Licence details: Licence No: _____ Licence Type: _____ Expiry date: / /

Working with vulnerable people registration:

Number: _____ Expiry: / /

I agree to obtain the working with vulnerable people check at my cost (*signature*):

MEDICAL INFORMATION

IMPORTANT: Some details may be forwarded to our funding bodies for statistical purposes only. Names and personal contact details will not be used for this purpose. INFORMATION HEREIN IS STRICTLY CONFIDENTIAL.

5. Emergency Contact Details

The emergency contact should be someone who is easily contactable and whom you trust to make a decision on your behalf. This person must be aware that you have nominated them as a contact.

Emergency Contact Name:

Relationship to volunteer:

Telephone: (home) _____ (work) _____ (mobile) _____

6. Volunteer Information

In the case of a severe injury/medical emergency, a staff member will call an ambulance. The Volunteer (or their family) must agree to pay all associated costs involved.

Doctor's details

Name:

Clinic:

Telephone:

Do you have epilepsy*? Yes (provide details below) No (go to next question)

Date of last seizure:

Frequency of seizures:

Type of seizures:

Pre-seizure behaviour:

Do you have asthma*?

Yes (provide details below) No (go to next question)

Date of last attack:

Frequency of attacks:

Is there anything that triggers your attacks?

Do you have any medical conditions/needs that New Horizons Tasmania needs to know about? Please specify.

| Medical Condition | Yes | No | Special Instructions | Emergency Action |
|-------------------------------------|--------------------------|--------------------------|----------------------|------------------|
| Loss of consciousness/blackouts | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Heart condition | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Sensory disorder, e.g. hearing loss | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Respiratory disorder | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Allergies | <input type="checkbox"/> | <input type="checkbox"/> | | |

| | | | | |
|------------------------------------|--------------------------|--------------------------|--|--|
| Other relevant medical information | <input type="checkbox"/> | <input type="checkbox"/> | | |
|------------------------------------|--------------------------|--------------------------|--|--|

Religion/Culture: (Please indicate your cultural/religious beliefs, should this impact on your medical attention)

Is there ANYTHING else you would like to tell us about yourself?

7. Volunteer Release Agreement

I, the undersigned volunteer hereby release, discharge and indemnify New Horizons Tasmania from all liability for injury to person or damage to property of myself.

Applicant Name: _____ Date: / / Applicant Signature: _____

8. CODES OF BEHAVIOUR

- I acknowledge that all sports/activities which are coordinated and supported by New Horizons Tasmania follow the CODES OF CONDUCT.
- I agree to follow the CODES OF CONDUCT as stated above
- I agree that New Horizons Tasmania or Venue management have the right to exclude participants, volunteers (and supporters) who do not abide by the CODES OF CONDUCT.

9. CONSENT FOR USE OF PHOTO AND NAME

| | |
|---|--|
| I consent to be filmed, photographed and/or named for New Horizons Tasmania promotional purposes, e.g. radio, newspapers, New Horizons Tasmania newsletter etc? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I consent to have my photo and/or name used in New Horizons Tasmania social media, e.g. Facebook? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

10. RELEASE OF INFORMATION AND WITHDRAWAL OF SAME

I hereby authorise New Horizons Tasmania to obtain/release written or verbal information regarding me in relation to participation in any New Horizons Tasmania sport/activity and for the release of information requested by relevant funding or government bodies, for periodic service appraisals.

I hereby acknowledge that **I may withdraw the above consent** at any time by giving notice to New Horizons Tasmania. I understand that withdrawal of consent will not result in loss of service, however may affect New Horizons Tasmania's ability to effectively deliver services.

| | |
|---|--|
| <i>If you do not wish to authorise consent, please tick:</i> | I do not authorise <input type="checkbox"/> |
|---|--|

This document must be signed prior to you participating in any New Horizons Tasmania activity. If the volunteer is under the age of 18 years, the parent/legal guardian MUST sign this form.

| | |
|--------------------------------------|---------------------------|
| Signed by applicant/guardian: | Witness Signature: |
| Date: | Witness name: |

Volunteer Instructors Code of Conduct

New Horizons Tasmania's vision is: Leading the way through sport and recreation activities to promote acceptance and belonging in a member-focused club. In addition, New Horizons Tasmania's purpose is defined as: Ability from disability: Opportunities and friendship through sport, recreation and social activities.

New Horizons Tasmania is committed to upholding the highest ideals of sport and recreation. All volunteer instructors participating in activities are to abide by the following code.

Respect for Others

- I will respect the rights, dignity and worth of all members, coaches, other volunteers, friends and spectators in New Horizons Tasmania.
- I will treat everyone equally regardless of sex, ethnic origin, religion or ability.
- I will be a positive role model for the members I instruct and with whom I interact.

Ensure a Positive Experience

- I will ensure that for each member with whom I am in contact, the time spent with New Horizons Tasmania is a positive experience.
- I will respect the talent, developmental stage and goals of each member.
- I will be fair, considerate and honest with members and communicate with members using simple, clear language.

Act Professionally and Take Responsibility for My Actions

- My language, manner, punctuality, preparation and presentation will demonstrate high standards.
- I will display control, respect, dignity and professionalism to all involved in the activity (members, coaches, officials, administrators, parents, spectators, media, etc.).
- I will encourage members to demonstrate the same qualities.
- I will not drink alcohol, smoke or take illegal drugs while instructing and participating in New Horizons Tasmania programs.
- I will refrain from any form of personal abuse towards members and others, including verbal, physical and emotional abuse.
- I will be alert to any form of abuse from other sources directed toward members in my care.

Quality Service to the Members

- I will seek continual improvement through performance evaluation and ongoing education.
- I will be knowledgeable about the area in which I am an instructor.
- I will provide a planned program.
- I will maintain any records required for the activity in which I am an instructor.

Health and Safety of Members

- I will ensure that the equipment and facilities are safe to use.
- I will ensure that the equipment, rules, training and environment are appropriate for the age, ability of the members for the activity.
- I will review each member's medical form and be aware of any limitations on that member's participation noted on that form.
- I will encourage members to seek medical advice when required.
- I will maintain the same interest and support toward sick and injured members.

I understand that if I do not obey this code of conduct, I will be subject to a range of consequences by the NHT Board of Management, up to and including not being allowed to continue as an Instructor.

| | | |
|-------------------------------------|----------------|--------------|
| <i>Volunteer Instructor's Name:</i> | <i>Signed:</i> | <i>Date:</i> |
| <i>Witness Name:</i> | <i>Signed:</i> | <i>Date:</i> |

FINAL CHECKLIST - I have:

| | |
|---|--|
| 1. Completed the Registration Form, including the Medical and Consent Form requirements to the best of my ability. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Read the Consent to Participate, Codes of Behaviour, Consent for use of Photo and Name, and all policies, procedures and Guidelines relevant to volunteering in which I wish to participate. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Read and understood the Release of Information & Withdrawal of Same section. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

IMPORTANT: This information must be returned to the New Horizons Tasmania office **PRIOR TO PARTICIPATION**. If you need assistance in completing this form, please contact the Club on **036326 3344**.

All Volunteers must complete the membership process however payment of the membership fee for volunteers is **optional**. Please note only financial members receive full membership benefits and the right to vote at New Horizons Tasmania meetings.

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|---------------------------------|------------------------|---------|
| Annual Membership Fees in 2021: | Junior Membership U/16 | \$32.00 |
| | Adult Membership | \$40.00 |
| | Family Membership | \$70.00 |

RETURN COMPLETED FORM:

Mail: New Horizons Tasmania - P.O Box 49, Mowbray Tas 7248

Email: info@newhorizonstas.org.au

For office use only checklist:

| | | | | | |
|--|--|---------|----|---|---|
| Date received: | By: | Paid \$ | on | / | / |
| <input type="checkbox"/> entered into Salesforce | 3 Month Probation period end date | | / | / | |
| <input type="checkbox"/> welcome letter sent | <input type="checkbox"/> SF Task created for end of probation letter | | | | |
| <input type="checkbox"/> emailed to Board | <input type="checkbox"/> Final approval letter sent | | | | |