



## MEMBERSHIP APPLICATION – 2009/10

Membership Type:       Bronze       Silver       Gold       Platinum

|  |  |     |          |
|--|--|-----|----------|
| Name of Organisation                     |  |     |          |
| Address                                  |  |     | Postcode |
| Postal Address (if different from above) |  |     |          |
| Telephone                                |  | Fax |          |
| Email                                    |  |     |          |
| ABN                                      |  |     |          |

### Contact Person Details

|           |  |     |  |
|-----------|--|-----|--|
| Name      |  |     |  |
| Position  |  |     |  |
| Telephone |  | Fax |  |
| Mobile    |  |     |  |
| Email     |  |     |  |

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81-83 Burelli Street, Wollongong (cnr. Church & Burelli Streets – Church Street entrance)  
 Locked Bag 8821 Wollongong NSW 2500 Ph: 4227 7163 Fax: 4227 7771  
 e-mail: [volunteering@wollongong.nsw.gov.au](mailto:volunteering@wollongong.nsw.gov.au) website: [www.volunteeringillawarra.org.au](http://www.volunteeringillawarra.org.au)

A Community Services initiative of Wollongong City Council funded and supported by the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), NSW Department of Community Services (DOCS) & DADHC Home and Community Care Program



*Insurance Details*

In this section please indicate your insurance details, please do not send copies of documents as we no longer are required to view them.

Public Liability Insurance

|                 |  |
|-----------------|--|
| Name of Insurer |  |
| Policy Number   |  |
| Expiry Date     |  |

Voluntary Workers Insurance

|                 |  |
|-----------------|--|
| Name of Insurer |  |
| Policy Number   |  |
| Expiry Date     |  |

Third Party (3<sup>rd</sup>) Motor Vehicle Comprehensive Insurance

Only include insurance details if volunteers are required to drive a fleet vehicle, not their own vehicle

|                 |  |
|-----------------|--|
| Name of Insurer |  |
| Policy Number   |  |
| Expiry Date     |  |

*Organisation Service Specifications*

What service/s does your organisation provide? (please attach relevant brochures or service paraphernalia)

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Is your organisation classed as a non-profit organisation? Yes/No

Please indicate volunteer job locations (if different to address previously stated)

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Do you wish to Advertise your volunteer positions on the GoVolunteer Website? Yes/No

Is your organisation close to public transport? Yes/No

*If yes, please detail the type and location of public transport.*

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Does your organisation have disabled access/facilities? Yes/No

*If yes, please provide details.*

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Does your organisation reimburse volunteers for any out of pocket expenses? Yes/No

*If yes, please indicate which of the following:*

- Travel
- Lunch
- Training
- Other .....

Are volunteers required to do any of the following prior to starting (tick relevant)?

- Criminal Record Checks
- Prohibited Employment Declaration
- Training
- Induction Process

*Volunteering Illawarra does not have the capacity to conduct any of the above, this information is important for volunteer recruitment only.*

*Volunteering Illawarra Disclaimer*

A function of Volunteering Illawarra (VI) is the volunteer referral service. Volunteering Illawarra assists Non for Profit Community Groups to list volunteering positions with VI. People interested in volunteering will be referred to organisations of their choice. Although VI conducts a short interview with potential volunteers, this is not a screening process. Should any matters arise, at the consent of the potential volunteer VI, will pass this information onto the organisation nominated by the volunteer.

Volunteering Illawarra will not refer volunteers to volunteer positions if any of the following apply:

- The volunteer position was a paid position in the past.
- The volunteer position is more then 16 hours per week.
- There is no intrinsic reward for the volunteer position.
- The volunteer position is subject to an Industrial Dispute.
- There is no evidence of appropriate insurance coverage in place.

Name: .....

Title: .....

Signature: .....

Date: .....