



Volunteering ACT

APPLICATION FOR AGENCY MEMBERSHIP OF VOLUNTEERING ACT

Name of Organisation: _____

Street Address: _____

Mailing Address: *(if different from above)* _____

Phone Number: _____

Email: _____

Website: _____

CEO: _____

Email: _____

Manager of Volunteers

Title: Ms / Miss / Mrs. / Mr.

Name: _____

Email: _____

Street Address: _____

Mailing Address: *(if different from above)* _____

Job Title: _____

Phone Number: () _____ Fax Number: () _____

Mobile Number: _____ Home Phone: _____

Number of Volunteers in Organisation: _____

What is the basic purpose of your organisation?

What are the principal services your organisation provides?

Please enclose 3 of the items below about your organisation:

- Organisation aims/objectives
- Background (e.g. pamphlet outlining operations and activities)
- Constitution
- Volunteer employment/management policy
- Annual report
- Volunteer Reimbursement Policy

Insurance Details

Volunteer Personal Accident Insurance Cover:

- Policy Number: _____
- Period of cover/due date: _____
- Name of Insurer: _____

Public Liability Insurance Cover:

- Policy Number: _____
- Period of cover/due date: _____
- Name of Insurer: _____

For information about our group insurance scheme please contact the Referral Manager on (02) 6251 4060

This section provides Volunteering ACT with a list of special, annual or one-off events for which we could potentially supply volunteers to assist your organisation. Could you please assist us by filling in this detail and providing us with any relevant information about the event.

Special, annual or one-off events where you may require short-term volunteers	
Name of event:	Date:

Training provided for volunteers *(Please tick and provide comments as appropriate).*

<input type="checkbox"/> Orientation:
<input type="checkbox"/> On the job training:
<input type="checkbox"/> Industry specific training:
<input type="checkbox"/> Other <i>(specify)</i> :

I would like to discuss our training needs and the possible ways that Volunteering ACT can assist in the design and delivery of courses to meet our needs

We wish to apply for membership of Volunteering ACT Inc as follows:

Basic Membership (\$75.00) includes:-

Information and advice, newsletter; Information via our contact list; volunteering events; Volunteering ACT library services; speaking engagements; membership rates for training courses; learning circles.

Full membership (\$150.00) includes:-

Basic membership inclusions plus volunteer referral services through Volunteering ACT and govolyteer; Bridge to Volunteering training (scope of volunteering, rights and responsibilities and boundaries); access to group insurance scheme.

Our Corporate Volunteering Program, tailored training programs and significant consulting services incur a fee for service.

Payment

Tick to indicate your method of payment

- Cash (accepted when paying in person)
- Cheque/ Money Order
Please make payable to Volunteering ACT Inc
- Electronic Transfer

Account name: Volunteering ACT Inc
BSB: 112-908
Account Number: 40037781
Bank: St George Bank

Please include organisation name in the reference section. Also please attach a copy of the online remittance with this form

- Please tick if you require a receipt of payment

Notes:

- ***This application will be a Tax Invoice for GST purposes when you make your payment.***
- *However, these membership fee amounts do **NOT** include GST as our memberships have been deemed to be a GST-free supply under the relevant provision of the GST legislation.*
- *Volunteering ACT is registered for GST and our **ABN is 30 433 789 697.***

I understand that Volunteering ACT does not carry out police, character reference or health checks in referring potential volunteers to member agencies, and that it is for us to carry out such detailed screening of volunteers as part of our own final selection process

With the payment of our fee, we agree to support the Code of Practice of Volunteers and Volunteer Agencies, the Volunteering ACT Philosophy Statement and the Universal Declaration on Volunteering. (These documents can be located on Volunteering ACT's website – www.volunteeract.org.au)

Signed: _____ Date: _____

T: 02 6251 4060

F: 02 6251 4161

www.volunteeract.org.au

Email: referral@volunteeract.org.au

ABN 30 433 789 697