

## Volunteer Agreement

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

**I agree to the following conditions and responsibilities:**

1. To undertake any voluntary activities with the City of Onkaparinga of my own free will, without payment (excludes authorised reimbursements) and in accordance with the City of Onkaparinga Volunteer Code of Conduct, my Position Description(s) and this agreement.
2. I acknowledge, that for insurance purposes, I am covered by the Local Government Mutual Liability Scheme Personal Accident Insurance, only whilst I am engaged in activities which are supervised or co-ordinated by City of Onkaparinga staff.
3. To perform all volunteer activities, with due care following established practices, procedures and the instructions of council 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 co-ordinator or supervisor.
4. To report any incident, injury, accident, potential hazard or property damage whilst I am volunteering, as soon as practicable, to my volunteer co-ordinator or supervisor.
5. To uphold a positive image of the Volunteer Program and the City of Onkaparinga 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 council information.
6. To participate in relevant mandatory training as required by the City of Onkaparinga and abide by all associated legislation and City of Onkaparinga documentation including, but not limited to; Privacy, Work Health & Safety, Equal Opportunities and Safe Environments for Children and Young People (where appropriate).
7. When required, to fulfil any requirements relating to the completion of any mandatory screening assessment(s). During my tenure as a volunteer with the City of Onkaparinga, I will advise my co-ordinator of any convictions or allegations of any criminal offence against me immediately.
8. I grant the City of Onkaparinga permission to use my likeness, voice and /or words in any media format, to promote the activities of the City of Onkaparinga Volunteer Program.
9. I accept that the City of Onkaparinga reserves the right to review my volunteering activity with me and, if necessary, to discontinue my volunteering with the City of Onkaparinga.
10. I acknowledge, that upon ceasing volunteering with the City of Onkaparinga, I have no right to any document, artwork or other intellectual property prepared by me in a volunteering role, or information contained in any City of Onkaparinga communication or file systems.

<b>Volunteer acknowledgement: I have read and understood the Volunteer Agreement</b>	
Name (Please print)	
Signature of Volunteer	Date
Parent/guardian <u>(to be completed only if volunteer is under 18 years of age)</u>	
I am the legal parent/guardian of ..... and agree to their participation as a council volunteer under the conditions stated.	
Signature of Parent/Guardian	Date