

4.52a Volunteer Acknowledgement Form

Name: _____ Address: _____

Phone : _____ Email: _____

Approved Voluntary Activity: _____

Location of Approved Voluntary Activity: _____

Commencement Date/Time: _____ Finish Date/Time: _____

UNE thankfully acknowledges your contribution as a volunteer, however, this acknowledgement must be completed by you and returned to your Supervisor before commencement of your Approved Voluntary Activity. Thank you.

Please tick the relevant boxes and sign the form.

I acknowledge that I:	
Am not employed by UNE, nor will I receive payment for performing the Approved Voluntary Activity	YES NO
Will not be covered by UNE’s Workers Compensation Insurance.	YES NO
Will be covered under UNE’s Corporate Travel and/or Student Group Personal Accident Insurance Policies only while performing the Approved Voluntary Activity and only if I am between the ages of 15 and 70 years old.	YES NO
Have read and understood UNE’s Code of Conduct (web address below) and agree to abide by the same rules as would apply to a UNE Staff member including all reasonable directions given to me. http://www.une.edu.au/about/policy/codeofconduct.html	YES NO
Acknowledge that while performing the Approved Voluntary Activity I may become aware of confidential information or personal information. I agree that I will keep confidential the confidential or personal information	YES NO
Acknowledge that my Supervisor has provided me with an Occupational Health & Safety Induction site specific induction http://www.une.edu.au/hrs/handbook/04/04.30a.doc	YES NO

In case of an emergency, the following person is to be contacted:

Name: _____
Phone Numbers Home: _____ Work: _____ Mobile: _____

Signature of Volunteer or Parent/Guardian (for Volunteers under the age of 18)

Volunteer’s Name: _____
Parent/Guardian’s Name (if appropriate): _____
Signature of Volunteer or Parent/Guardian: _____ Date: _____

Signature of Volunteer’s UNE Supervisor

Supervisor’s Name: _____ Location: _____
Phone Numbers Home: _____ Work: _____ Mobile: _____



This form is to be filed by School or Directorate and a copy sent to ohs@une.edu.au