



MEMBERSHIP APPLICATION FORM

NAME OF ORGANISATION: _____

POSTAL ADDRESS: _____

SUBURB: _____ **STATE:** _____ **POSTCODE:** _____

PHONE: _____ **FAX:** _____

EMAIL: _____ **WEBSITE:** _____

STATUS OF ORGANISATION:

PARENT BODY: _____

INCORPORATED **NOT INCORPORATED** **LOCAL GOV'T**

STATE GOV'T **COMMONWEALTH GOV'T** **OTHER**

ABN: _____

COORDINATOR of VOLUNTEERS:

(Appropriate contact person) _____

ADDRESS: _____

(If different from organisation's)

SUBURB: _____ **STATE:** _____ **POSTCODE:** _____

PHONE: _____ **FAX:** _____

EMAIL: _____

APPROX. NUMBER OF VOLUNTEERS IN YOUR ORGANISATION _____

ORGANISATION OUTLINE *(brief description of your organisation's services and mission - 'who you are and what you do')*:

Your organisation must have Public Liability and Volunteer Personal Accident Insurance to be eligible for the Volunteer Referral Service. Please provide current up-to-date copies of the certificate of currency on application, and each time your policy is renewed.

Thank you!

INSURANCE DECLARATION

'An organisation listing volunteering opportunities with **Albany & Regional Volunteer Service Incorporated** agrees that it is an independent organisation responsible for its own actions, including maintenance of insurances, and that it is not an agent of **Albany & Regional Volunteer Service Incorporated** and will not hold itself out as such. The organisation further acknowledges and agrees that it is solely responsible for the operations or conduct of its volunteers or of any affiliate organisation(s) using this listing service and that it will indemnify and hold harmless **Albany & Regional Volunteer Service Incorporated** in the event of any breach of this declaration.

Albany & Regional Volunteer Service Incorporated reserves the right to request member and position listing organisations to produce evidence of required insurances at any time. In addition, organisations agree to immediately inform **Albany & Regional Volunteer Service Incorporated** of any changes in the status of required insurance coverage.'

PERSONAL ACCIDENT INSURANCE DETAILS

PUBLIC LIABILITY INSURANCE DETAILS

Policy Expiry: _____
Policy Provider: _____
Policy Number: _____

Policy Expiry: _____
Policy Provider: _____
Policy Number: _____

PERMISSION FROM AUTHORISED PERSON

+ Please read and sign the following statement

- I understand the information provided on this form may be made available to other agencies and to the general public.
- I have read, and agree to the Insurance Declaration detailed above.
- I have received, read and hereby acknowledge that I accept and support the Definitions and Principles of Volunteering when engaging volunteers.

PLEASE PRINT NAME

SIGNATURE

DATE

If you provide this information via email we will record your agreement to the above.

* Please return this form and attach supporting documentation (e.g. promotional brochures, company manual, volunteer kits) relevant to your Organisation:

Albany & Regional Volunteer Service Incorporated

Albany Lotteries House
Unit D22, 213-217 North Road
Albany WA 6330
Ph: 9841 3588 Fax: 98413598
Email. volstaff@arvs.org.au

OFFICE USE ONLY

Membership accepted YES/NO

Entered on database:.....