

Volunteer Agreement

for individual and community group volunteers

(to be completed by volunteer and NPWS project supervisor)



This agreement is made between the NSW National Parks and Wildlife Service (NPWS) and

(Volunteer) _____

Of (address) _____

This agreement commences on **31st March 2009** and remains valid until **31st March 2012**.

This agreement may be cancelled at any time by either party, effective from the date of receipt of a letter from the cancelling party. This agreement may be renewed for a further period if both parties agree.

In signing this agreement, the volunteer agrees to undertake the work described in the attached Statement of Volunteer Duties.

The NPWS volunteer agrees to:

- follow NPWS health and safety requirements and risk management procedures
- register attendance at each volunteering session
- participate in orientation and training programs as required
- follow guidance from the NPWS supervisor and seek advice if any directions are unclear
- undertake tasks in a responsible, dependable, conscientious and courteous manner
- comply with conservation legislation and regulations as outlined
- read and complete a Prohibited Employment Declaration, if working with volunteers under 18 years of age
- not disclose any confidential or sensitive information to any person
- support a non-discriminatory and harassment-free work environment
- the use by NPWS of images of the volunteer taken during NPWS volunteer activities.
- produce appropriate technical and competency certificates or licences where necessary.

The NPWS agrees to:

- establish a clear plan which outlines volunteer activities and tasks
- provide appropriate supervision, orientation and training
- provide technical advice, guidance and assistance to volunteer
- provide risk management procedures and necessary safety equipment for volunteer tasks
- cover volunteers for insurance in case of injury
- provide information on new NPWS policy decisions relevant to volunteers
- provide an avenue for volunteers to raise questions, concerns and/or complaints
- encourage and recognise volunteer efforts and achievements
- provide feedback on volunteering efforts and achievements.

I, *(insert name)* _____, undertake to abide by this agreement.

Signed: _____ Date: _____

(Parent / guardian, for volunteers under 18 yrs)

I, *(insert name)* _____, sign for and on behalf of the Deputy Director-General of the National Parks and Wildlife Service (PWG, DECC).

Signed: _____ Date: _____

Office Use Only

VIP identification card: Card #: _____

Date issued: _____ Expiry date: _____

Copy of Volunteer Agreement given to Volunteer

Statement of Volunteer Duties attached

Park Entry Pass issued (for term of project)

Prohibited Employment Declaration attached

Statement of Volunteer Duties



Project name:	Lane Cove River Area Bushcare		
Project aim:	To involve the community in active conservation of urban bushland.		
Location:	Lane Cove National Park Group No:		
Volunteer job title:	Bush Regenerator		
NPWS Volunteer project supervisor:			
Name	Matt Springall	Phone no.	9415 3998 or 0419 753 806

Volunteer duties:

1 - Weed removal (using approved techniques)	6- Vegetation mapping
2 - Use of approved herbicides (no spraying)	7- Plant identification
3 - Planting and laying mulch	8- Fauna identification
4 - Grant applications	9- related education activities
5 - Site assessment and monitoring	

Health and safety requirements:

• Report all hazards to the NPWS Volunteer Supervisor
• Report all injuries or accidents to the NPWS Volunteer Supervisor
• Attend required training in safe working practices and procedures
• Use and care for any equipment provided for health and safety purposes
• Take reasonable care to protect the health and safety of yourself and others while volunteering

Training requirements:

Volunteers are encouraged to participate in training and safety programs as they arise

Dress requirements:

Protective clothing (such as long sleeve shirt, trousers, covered shoes, gloves, sunhat and sunglasses).

Equipment requirements:

NPWS to supply tools and equipment.

Note: NPWS volunteers do not engage in law enforcement activities.

Licences / certificates held by volunteer

Record details (as applicable) of licences, certificates / registrations and certificates of competency below:

Licence / certificate	Type of authority	Licence / certificate no.	Expiry date	Date checked

Note: The Volunteer Supervisor must sight the original documents, make a copy, certify that the copy is a true copy of the original and keep it on the volunteer project's file.



Volunteer Registration Form

for individual and community group volunteers (to be completed by volunteer prior to project)



Family name:				Given names			
Age (yrs):		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>		
Address:					Postcode		
Phone (h):		Phone (w):		Phone (m):			
Email:							
Emergency contact					Phone:		
Emergency contact's relationship with applicant							

Please provide your relevant information to help NPWS to develop future volunteer activities

Age group	Current employment	Nationality	How did you hear about volunteering for NPWS ?	
<input type="radio"/> Under 18 years	<input type="radio"/> Student	<input type="radio"/> Australian, non indigenous	<input type="radio"/> Word of mouth	
<input type="radio"/> 19 - 24 years	<input type="radio"/> Retired		<input type="radio"/> Brochure / poster	
<input type="radio"/> 25 - 29 years	<input type="radio"/> Part time employment	<input type="radio"/> Australian, indigenous	<input type="radio"/> Newspaper	
<input type="radio"/> 30 - 39 years	<input type="radio"/> Full time employment	<input type="radio"/> Other, please specify	<input type="radio"/> Internet	
<input type="radio"/> 40 - 49 years	<input type="radio"/> Unpaid labour force	English is my first language	<input type="radio"/> NPWS staff member	
<input type="radio"/> 50 - 59 years	<input type="radio"/> Other, please specify		<input type="radio"/> Other, please specify	
<input type="radio"/> 60 years and over		<input type="radio"/> Yes <input type="radio"/> No		
Do you have any medical considerations / restrictions that may affect your volunteering tasks ?			<input type="radio"/> Yes	<input type="radio"/> No
If yes, please provide details, including any medication that NPWS project staff should know about.				
Please list any known allergies (eg. bee stings, penicillin)				

Do you permit the NPWS to store the information you have provided on this form (other than medical information) on a volunteer database, so that NPWS may contact you, sometime in the future, regarding relevant future volunteering opportunities ?

<input type="radio"/> Yes	<input type="radio"/> No
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Note: Personal information collected by the NPWS is subject to the *Privacy and Personal Information Protection Act 1998* and will not be disclosed to any other party without your consent.

Applicant's name			
Applicant's signature		Date:	
Parent / Guardian's name (for volunteers under 18 years of age)			
Parent / Guardian's signature		Date:	