

# Volunteer Application & Registration Form

*Adelaide Gaol Preservation Society*

Name: \_\_\_\_\_ Mr, Mrs, Ms, Miss  
(Last Name) (First Name) (Circle one)

Home Address:

\_\_\_\_\_  
(Street) (Suburb/Town) (P/code)

Phone:

\_\_\_\_\_  
(Mobile) (Home) (Work)

Email Address:

\_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Education: \_\_\_\_\_  
(Secondary) (Tertiary)

Do you have any special skills or interests that you think would be useful while  
volunteering at the Adelaide Gaol? Yes / No

(Skills could include fluency in a foreign language, research, photography, sign writing, teaching, customer  
service, computing, experience with aged care or disabled persons, etc, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Do you have a current Police Check?: Yes / No Expiry Date \_\_\_\_\_

Do you hold a current First Aid Certificate? Yes / No Expiry Date \_\_\_\_\_

Do you have any medical conditions, allergies, disabilities, past injuries or illnesses that  
may affect your participation as a volunteer? Yes / No

If Yes, please complete the questions in the Medical Condition Section. (Note: This question is optional)

Do you have any first hand knowledge of the Adelaide Gaol as a prison officer, inmate,  
professional visitor, etc? Yes / No

Please provide details:

\_\_\_\_\_  
\_\_\_\_\_

Please provide the name, occupation and contact phone numbers for two character  
references.

Referee 1 \_\_\_\_\_

Referee 2 \_\_\_\_\_

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## *Adelaide Gaol Preservation Society*

How would you like to be involved at the Adelaide Gaol?

Tour Guiding	Yes / No	Shop Attendant	Yes / No
Data Entry	Yes / No	Museum Display	Yes / No
Care of Artefacts	Yes / No	Research	Yes / No
Maintenance	Yes / No	Cleaning	Yes / No
Restoration	Yes / No	Security	Yes / No
Computer skills	Yes / No		

When are you available to assist at the Adelaide Gaol? (Please tick all that apply.)

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

### Conditions of Participation

As a volunteer at Adelaide Gaol I agree to comply with the following terms and conditions that refer to my participation in all projects and activities:

1. I consent to the Site Manager rendering or authorising such medical treatment as necessary and I accept responsibility for all associated expenses.
2. I will not smoke, consume or store illicit drugs whilst on site at Adelaide Gaol and I understand and accept that alcohol may only be consumed at functions or events approved by AGPS and DENR.
3. I will be respectful at all times of the rights, feelings and property of other staff and volunteers associated with Adelaide Gaol and not engage in any form of harassment or discrimination.
4. I will co-operate with the Site Manager to ensure a safe, happy and hygienic work environment and accept responsibility for my own occupational health and safety at all times.
5. My placement on Gaol projects and rosters is at the discretion of the Site Manager and the AGPS Management Committee.
6. Breaches of conduct and serious misconduct may result in immediate dismissal and a request for me to channel my energies elsewhere.
7. I accept that I must complete a three month probationary period to ensure my suitability.

I certify that, to the best of my knowledge, the information I have given on this application form is true and correct. In addition, I have read the Conditions of Participation and agree to abide by them.

\_\_\_\_\_  
 (Name) (Signature) (Date)

*Office use only (To be initialled and dated by the Site Manager)*

	DENR	Date	AGPS	Date
All declared pre-existing medical conditions discussed with volunteer				
Safety Briefing & Induction provided				
All information checked and entered on volunteer database				

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## Management Plan for Pre-existing Injury or Medical Condition:

1. What is the medical condition, allergy, disability or past injury?

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2. Information about the condition/injury.

- a) How serious is the condition if aggravated

Potentially life threatening Yes / No

Could require medical treatment (doctor/hospital) Yes / No

Could require own medication Yes / No

Could require rest or time off Yes / No

- b). In your own words, tell us how we would recognise that your condition has recurred or been aggravated

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3. What actions, triggers or situations do you need to avoid?

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4. What is the management plan to avoid any aggravation to the condition/injury?  
eg. Self medication, avoidance of allergy triggers (specify), etc.

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5. What is the emergency plan if serious aggravation does occur?

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6. Are you able to provide a medical report regarding your capabilities? Yes/No

Volunteer

(Name)

(Signature)

(Date)

Site Manager

(Name)

(Signature)

(Date)