OFFICE VOLUNTEER DETAILS

*Please complete all sections of this form and return to People Services (*[*peopleservices@suqld.org.au*](mailto:peopleservices@suqld.org.au)*) together with your signed Confidentiality Agreement and Code of Conduct.*

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| --- | --- | --- | --- |
| **Title** | Mr  Mrs  Miss  Ms  other | | |
| **First name** |  | | |
| **Surname** |  | | |
| **Preferred Name** |  | | |
| **Home address**  send mail here | *Address* | | |
| *Suburb* | *State* | *Postcode* |
| **Postal address** *(if different from above)* | *Address* | | |
| *Suburb* | *State* | *Postcode* |
| **Home phone/ Mobile** |  | | |
| **Email address** |  | | |
| **Date of birth** |  | | |

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| --- | --- | --- | --- |
| **Emergency Contacts:** | **Emergency contact** | **Name** | **Telephone** |
| *Please provide 2 emergency contacts including name, surname and phone.* | Spouse |  |  |
| Parent |  |  |
| Dependant |  |  |
| Other |  |  |

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| --- | --- |
| **What offices are you available to volunteer your time at?** | Brisbane (Head office)  ACT |
| **What Departments are you happy to volunteer your time in?** | PARTNERSHIPS & COMMUNICATIONS  operations (IT/FINANCE)  PEOPLE SERVICES  MINISTRY DEVELOPMENT & TRAINING  CHAPLAINCY & FIELD SERVICES |
| **What tasks are you are happy to contribute your time to?** |  |
| **Any tasks would you prefer not to contribute your time to?** |  |

SU QLD VOLUNTEER CODE OF CONDUCT

As a volunteer with SU QLD, I:

1. Accept and agree to work in accordance with SU’s Aims, Beliefs & Working Principles;
2. Will act according to Biblical standards in my personal life and relationships;
3. Accept that I will not involve myself in unaccompanied or unobserved activities with participants on any SU QLD program;
4. Will treat people with respect and dignity regardless of age, gender, religious/denominational affiliation, sexual orientation or personal circumstances;
5. Accept and agree to work in accordance with SU’s policies;
6. Accept responsibility for duty of care for participants in the program;
7. Understand that any perpetration of verbal, emotional, physical or sexual abuse or harassment is unacceptable and will be treated seriously and sensitively;
8. Will act with courtesy, consideration and good judgment, in all interpersonal relationships;
9. Will not use SU QLD to promote my own, or a particular denominational or religious belief, behaviour or practice where these are not compatible with SU QLD’s position and standards;
10. Will not engage in any illegal activity or assist persons engaged in illegal activities;
11. Will respect the authority of leaders over me and act in accordance with their directions;
12. Will complete training as required by SU in relation to the role I will play as a volunteer;
13. Will care for and maintain SU resources provided for my program;
14. Email access is provided for work purposes only and is to be used responsibly for organisational purposes.

SU QLD agrees to:

1. Educate and train volunteers in their duties and responsibilities;
2. Support volunteers as they carry out their roles;
3. Provide policies and procedures for best practice and high levels of safety and care;
4. Adequately insure its volunteers and their approved programs.

I have read and understood the code of conduct and understand that breach of this Code may result in disciplinary action and/or dismissal.

|  |  |  |
| --- | --- | --- |
| FIRST NAME & SURNAME | SIGNATURE | DATE |

VOLUNTEER CONFIDENTIALITY AGREEMENT

This agreement applies to all volunteers associated with and/or involved in the activities or affairs of SU Qld (ABN 74 009 669 569). This includes all activity associated with SU Qld at its head office and all regional office locations.

All data, materials, knowledge and information generated through, originating from, or having to do with SU Qld or persons associated with our activities, including contractors, is to be considered privileged and confidential and is not to be disclosed to any third party. All pages, forms, information, designs, documents, printed matter, policies and procedures, conversations, messages (received or transmitted), resources, contacts, e-mail lists, e-mail messages, client, staff or public information is confidential and the sole property of SU Qld.

This also includes, but is not limited to, any information of, or relating to, our staff, donors, operations and activities. This privilege extends to all forms and formats in which the information is maintained and stored, including, but not limited to hardcopy, photocopy, microform, automated and/or electronic form.

Donor information, including all file information, is not be disclosed to any third party, under any circumstances, without the consent of the SU Qld employee that is supervising you and the CEO.

All volunteers must subscribe to the SUI Statement of Aims, Beliefs and Working Principles and the Volunteers Code of Conduct. Any disclosure, misuse, copying or transmitting of any material, data or information, whether intentional or unintentional, will subject you to disciplinary action and/or prosecution, according to the procedures set by SU Qld and any applicable laws.

My signature below signifies I agree to these terms and will abide by, adhere to and honour the above confidentiality agreement.

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| --- | --- | --- | --- |
| VOLUNTEER | FIRST NAME & SURNAME | SIGNATURE | DATE |
| SU QLD SUPERVISOR | FIRST NAME & SURNAME | SIGNATURE | DATE |