

Volunteer Guide Application & Registration Form

Adelaide Gaol Preservation Society Inc.

Name: _____
(Last Name) (First Name)

Mr, Mrs, Ms, Miss
(Circle one)

Home Address: _____
(Street) (Suburb/Town) (P/code)

Contact Phone Number/s. _____
(Mobile) (Home) (Work)

Email Address: _____

Occupation: _____ **Employer:** _____

Education: _____
(Secondary) (Tertiary)

Explain why you are interested in being a guide at the Adelaide Gaol and why you think you would make a good guide?

What experience if any, do you have with guiding, tourism, or allied industries?
(You do not need experience as training will be given, but you must show an aptitude for guiding.)

Do you have the confidence to speak publicly?

Do you have a current Department of Communication and Social Inclusion Clearance?

Yes / No Expiry Date _____
(This is obligatory and at your own cost.)

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 guide? Yes / No

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

Do you have any firsthand 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

Conditions of Participation

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

1. I will not enter into any contract, agreement or employment with other Commercial Tour Operators operating at the Adelaide Gaol during my period of volunteering for the AGPS.
2. I consent to DEWNR staff and/or AGPS volunteers rendering or authorising any medical treatment as necessary and I accept responsibility for all associated expenses.
3. 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 the AGPS and DEWNR.
4. 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.
5. I will co-operate with DEWNR staff and/or AGPS volunteers to ensure a safe, happy and hygienic work environment and accept responsibility for my own occupational health and safety at all times.
6. My placement on Gaol rosters is at the discretion of the AGPS Management Committee.
7. Breaches of conduct and serious misconduct may result in immediate dismissal and a request for me to channel my energies elsewhere.
8. I accept that I must complete a three-month probationary period to ensure my suitability.
9. I certify that, to the best of my knowledge, the information I have given on this application form is true and correct.
10. In addition, I have read the Conditions of Participation and agree to abide by them.

(Name)

(Signature)

(Date)

All declared pre-existing medical conditions discussed with volunteer Safety Briefing & Induction completed

All information checked and entered on volunteer database

Management Plan for Pre-existing Injury or Medical Condition:

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

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

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

4. What is the management plan to avoid any aggravation to the condition/injury?

e.g. Self-medication, avoidance of allergy triggers (specify), etc.

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

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

Name and Signature

Date