

# Volunteer Application & Registration Form

Adelaide Gaol Preservation Society Inc.

Name: \_\_\_\_\_ Mr, Mrs, Ms, Miss  
(Last Name) (First Name) (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 your own reliable transport? Yes / No

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

Yes / No Expiry Date \_\_\_\_\_ (This is obligatory and free for volunteers.)

Do you hold a current First Aid Certificate?

Yes / No Expiry Date \_\_\_\_\_

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 DEW 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 DEW.
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 DEW 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 information checked and entered on volunteer database. (Sign) \_\_\_\_\_ (Date) \_\_\_\_\_