



Volunteer Agreement

Name:

Address:

Telephone number:

Student number:

Emergency contact (name and phone number):

Type of volunteer work which you are interested in doing:

Do you have any medical condition or illness/injury which would impact on your ability to perform this type of work? **Yes or No**

If 'Yes', please provide details:

Acknowledgement and Agreement

1. I understand and agree that I will be engaged as a volunteer and will not be paid for my services.
2. I understand and agree that I will work under the supervision and direction of an MSA manager or supervisor, and that I must obey all lawful directions given to me by my direct line manager or supervisor.
3. I understand and agree that I will not be covered by MSA's workers' compensation insurance.
4. I understand that I may be personally liable for deliberate or negligent damage caused while engaged as a volunteer.
5. I acknowledge that fatigue is a safety concern and that I should only attend volunteering activities well-rested. I will not take part in volunteer activities which would result in me spending more than an aggregate of 40 hours a week in work, study and volunteering activities.

6. I have read MSA's Volunteer Policy and agree to comply with it and any legislation and other MSA and Monash University policies and procedures which apply during my engagement as a volunteer.
7. I agree not to disclose any confidential or sensitive information to any person without authorisation from MSA.
8. I understand that MSA may terminate my engagement at its absolute discretion or if I fail to comply with the provisions of MSA's Volunteer Policy, this Volunteer Agreement, any relevant legislation or any MSA or Monash University policies and procedures which apply during my engagement as a volunteer.
9. As a matter of courtesy, to terminate this agreement, I will give 48 hours notice before any scheduled volunteer session.

I certify that the information above is true and correct:

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Volunteer signature

Date: