

APPLICATION FOR MEMBERSHIP
 Use tab button to move between fields

Name of Organisation			
Organisation's ABN	Are you incorporated:		Yes No
Postal Address			
Suburb	Postcode		

Contact Person for Volunteer Management

Name		Position	
Contact times		Phone	
Email		Mobile	

Purpose of the Organisation

Details of your Organisation			
Are you a "Not for Profit" Community Organisation ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Service Focus: Local Government	
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Insurance Information – Please Attach copies of Certificates of Currency for both Policies

Personal Accident	Insurer		
Policy Number		Expiry Date	
Public Liability	Insurer		
Policy Number		Expiry Date	

Insurance Declaration:

An organisation listing volunteering opportunities with Rockingham Volunteer Centre agrees that it is an independent organisation responsible for its own actions, including maintenance of insurances, and that it is not an agent of Rockingham Volunteer Centre and will not hold itself out as such. The organisation further acknowledges and agrees that it is solely responsible for the operations or conduct of its volunteers or of any affiliate organisation(s) using this listing service and that it will indemnify and hold harmless Rockingham Volunteer Centre in the event of any breach of this declaration. Rockingham Volunteer Centre reserves the right to request member and position listing organisations to produce evidence of required insurances at any time. In addition, organisations agree to immediately inform Rockingham Volunteer Centre of any changes in the status of required insurance coverage.

Name _____

Date _____

Signature _____

Current Public Liability / Personal Accident insurance is required to receive referrals

Please forward via email to volunteering@rockingham.wa.gov.au
 Rockingham Central Library Dixon Road ROCKINGHAM WA 6168 Tel 9528 8670
 Monday-Wednesday 9.30am – 2.30pm, Thursday 12.30pm – 5.30pm
 And Friday 9.30am-2.30pm at a pop-up location around the City