

**UNIVERSITY OF TASMANIA
VOLUNTEER WORKER – INDEMNITY/INDUCTION CHECKLIST**

This form is to be completed by all persons who wish to undertake voluntary projects with the University of Tasmania. The volunteer and the relevant Supervisor/s must complete this form before any work is commenced.



Name of volunteer: Date of Birth: Address: Telephone Contact Number: Business Hours; After hours; E-mail: Current 1 st aid qual? Expiry Date?	
Emergency Contact: Telephone Contact Number: Business Hours	

Project Information:

Budget Centre:

Project Title

:Project ID # (from Field Ops Management System):

Project Supervisor (UTAS Staff Member):

Primary Researcher (if different from above. e.g. student):

Start date:

End Date:

Description of work tasks to be performed by volunteer:

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Has the volunteer been fully briefed in relation to all aspects of the project? YES/ NO

I UNDERSTAND THAT IF AT THE TIME OF COMPLETING THIS FORM I (*THE VOLUNTEER*) AM UNSURE OF THE PROJECTS I MAY PARTICIPATE ON, IT IS MY RESPONSIBILITY TO ENSURE THAT AS A MINIMUM I OBTAIN COPIES OF ALL RELEVANT PROJECT REGISTRATION DETAILS AND RISK ASSESSMENT DOCUMENTATION, AND FAMILIARISE MYSELF WITH THESE.

Signed:

Volunteer Signature Date

Medical Procedures:

Does the volunteer have a pre-existing medical condition or injury that would preclude him/her from carrying out all of the duties of the position (such conditions might include, but not be limited to: diabetes, epilepsy, peptic ulceration, asthma, allergies, pregnancy etc)? YES/ NO

If the answer to the above question was yes, please provide details of the condition/s Is the volunteer on any medication that could affect the operation of the project? YES/ NO

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NB: The Project Supervisor and the Primary Researcher (if not the same) must be advised of any medication volunteers are taking before they are allowed to assist on the project.

If the answer to either of the above questions was yes, please provide details

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If a volunteer is injured or has an accident during the operation of the project he/she must report it immediately to his/her Supervisor. The Supervisor and/or Primary Researcher must ensure that any injuries/accidents are formally recorded on the appropriate University of Tasmania Accident/Incident Report form.

Facilities and Equipment to be used by Volunteer (eg: laboratories, boats, FRV Challenger, computers, workshop equipment, field equipment)

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Has the volunteer used the above equipment before, or similar equipment elsewhere? YES/ NO If the answer is YES, what experience does the volunteer have?

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If NO, what training needs to be undertaken before they can use equipment, or take part in the project?

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SAFETY CHECKLIST (to be completed by Supervisor and Volunteer). If the answer to any of the following questions is NO then a brief explanation is to be provided:

Has the volunteer been made aware of or given copies of (as applicable):

- 1 The University of Tasmania's Occupational Health and Safety policies and procedures (Refer to http://www.admin.utas.edu.au/hr/ohs/pol_proc/index.html)? YES/ NO
- 2 All Risk Assessments relating to the project YES/ NO
- 3 Safety Issues relating to: YES/ NO
- 4 Has safety equipment been issued to the volunteer? YES/ NO
- 5 Does the volunteer understand how to use and operate the safety equipment? YES/ NO
- 6 Have all emergency exits been pointed out to the volunteer? YES/ NO
- 7 Have all evacuation procedures been explained to the volunteer YES/ NO
- 8 Is the volunteer to use specialised equipment, which would require training in its use? YES/ NO
- 9 Type of equipment to be used:

- 10 If the answer to question 8 above was YES, what training is to be provided?
 11 Has the volunteer been advised of the correct manual handling skills required to undertake the project?

YES/ NO

Signed (*Project Supervisor*):
Must be a UTAS Staff Member Signature

Date

GENERAL CONDITIONS:

The volunteer must be advised that they will only have limited death and disability insurance cover from the University, and will NOT be covered by University workers compensation, public liability, or accident insurance as they are not an employee of the University.

Volunteers must be strongly encouraged to take out appropriate personal accident insurance for the period of the volunteer work to ensure that they are adequately covered during the project.

Volunteers will not receive any remuneration for volunteer work.

Volunteers must not sub-contract work to any other person.

Volunteers are to obey all reasonable requests made by the Supervisor. If a dispute arises, the volunteer should discuss the issue with the Head of School to which the project relates.

Volunteers are to be supervised at all times, unless both the Supervisor and volunteer are satisfied that the volunteer is capable of safely working alone, and the Volunteer is happy to do so.

Volunteers must comply with all security and office regulations in place at the location of the project.

Volunteer workers shall not represent themselves as an employee of the University of Tasmania.

The University of Tasmania may terminate volunteer work projects with one day's written notice.

DECLARATIONS:

I, (*Volunteer's name*) have read and understand the above document in

relation to volunteer work projects for the University of Tasmania. As requested, I have completed all sections of

the document in company with the Primary Researcher or the Project Supervisor for the project/s I will be

working on (*Supervisor's name*)

I acknowledge that I will NOT be covered by University of Tasmania workers compensation, public liability, or accident insurance whilst engaged as a volunteer.

IN CONSIDERATION of the University of Tasmania (UTAS) accepting me (the Releasor) as a volunteer member of the University AND SUBJECT TO THE LAW:

I HEREBY for myself, my heirs, my administrators, executors and assignees RELEASE AND FOREVER DISCHARGE UTAS (including any instrumentality thereof), its employees, servants and agents from all liability, claims, demands, actions or possible causes of action whatsoever for or on account of any loss or injury of whatsoever nature sustained by or to my person (including death) or property suffered at any time during my participation in the program and relating, whether directly or indirectly, to the involvement of the Utas, it's employees, servants and agents in the program.

AND HEREBY INDEMNIFY AND AGREE TO KEEP INDEMNIFIED UTAS, its employees, servants and agents, and the participants and members of the program against all actions, proceedings, claims and demands whatsoever that may be brought, made or prosecuted against them or any of them by any person or persons in respect of any loss, injury or damage arising out of any action of mine during the program and against all costs, charges and expenses that may be incurred by the above in defending or settling such actions, proceedings, claims and demands.

DATED the _____ day of _____ 20

Signed, Sealed and delivered by the Releasor:

Signature of the Volunteer

in the presence of: _____
Name of witness

Signature of witness

UTAS FIELD PROCEDURES STATEMENT OF UNDERSTANDING

All individuals intending to participate in remote area field operations with the University of Tasmania School of Zoology must complete and sign a copy of this form.

PLEASE READ THIS DOCUMENT CAREFULLY, AND ENSURE YOU HAVE MET AND UNDERSTOOD ALL REQUIRED CRITERIA BEFORE SIGNING

(please enter name in full) hereby declare that I have read in full the University of Tasmania (UTAS) School of Zoology Field Procedures Manual and have a clear understanding of its scope and contents, as well as my responsibilities as outlined therein. I have undergone an induction process with the individual named below, which covered at least the following topics *(please tick applicable boxes)*:

- Use and content of UTAS Field Procedures Manual;
- Responsibilities of UTAS students and staff;
- The University risk assessment process;
- Use of University vehicles, vessels and equipment, including towing.
- Responsibilities of UTAS Project Coordinators *(where applicable)*, including but not limited to:
 - Field operation registration;
 - Field trip registration;
 - Requirements for Nominated Contacts;
 - Risk Assessment, emergency plans, and implementation of emergency protocols;
 - Defective equipment tagging and reporting procedures.

I agree that I have read this form and that I have completed it to the best of my knowledge and ability, disclosing all relevant facts as they are known to me. I will endeavour to follow safe field practices at all times, as outlined in the UTAS School of Zoology Field Procedures Manual, and I will observe the directions given in the Manual, all related UTAS Policies and Procedures, and any other directions that may be given to me by the Zoology Field Officer or other responsible University of Tasmania staff member, provided I feel that it is safe to do so.

I authorise the Supervisor in charge of any field activity I may undertake to consent to my receiving any medical or surgical treatment as deemed necessary in the event that I am unable to communicate.

Signed Date

(Signature)

Induction By Date

(Name)

Witnessed By Date

(Signature)

Witness' Name in Full

Zoology Field Officer:

(Name) (Signature) (Date)