



St John



Event Health Services

Volunteer Agreement



'Volunteers have been the lifeblood of St John Ambulance Victoria since 1883, saving lives and delivering care and compassion to those in sickness, suffering and distress throughout Victoria.

The dedication of our volunteers is nothing short of inspirational. Thank you to each one of our volunteers for the commitment you have made to the Victorian community, we are proud of you.'

Gordon Botwright
Chief Executive Officer



Member or Applicant Name

Division

Date

Part A – St John Victoria’s Commitment To Our Volunteers

St John Victoria will provide you with a high level of support and supervision, including:

- a safe environment, and access to a 24 hr Peer Support program;
- a manager who will assist you in your role and facilitate your development; and support at events from suitably experienced and qualified members; and
- access to a portal where you can find important organisational information.

We will provide you with flexible access to a range of training, including:

- induction training for new volunteers;
- nationally recognised First Aid qualifications and an annual reaccreditation program to help you maintain your skills;
- the opportunity to develop advanced skills through First Responder accreditation;
- an annual training calendar to allow you to plan your training attendance at your division. Your division will provide assistance to access training alternatives if required;
- opportunities to develop clinical skills at events and learn from experienced members; and
- access to a range of roles and training to help you develop leadership and other specialist skills.

We will provide you with uniform:

- the uniform you are required to wear at events will be supplied as per our Uniform Policy and you will be able to borrow additional cold weather items as required. You will need to provide footwear, which must be black, enclosed and made of water-proof materials.

We will recognise your service and achievements:

- you will be eligible for national formal service awards; and recognition of your accomplishments in first aid delivery and training; and
- your division will arrange social events to celebrate the contributions of its members.

We will minimise the out of pocket expenses incurred by our volunteers:

- we may provide meals and other refreshments at events and other functions depending on the time and length of the event. You will be informed of the arrangements beforehand; and
- no cost is incurred by volunteers for Working with Children Checks or police record checks.

Volunteers will be protected under St John insurance policies:

- you will be insured for personal accident and protected against legal liability for third party injury or property damage under St John’s insurance policies. Some Health Professionals may need to hold personal medical indemnity insurance.

Applicant’s Signature: _____

Date: ___ / ___ / ___



Part B – Your Commitment

Please read the following responsibilities and initial against each section to affirm that you understand and can commit to the requirement.

If you have questions or if there is a section you believe you may not be able to commit to, new members should contact the Recruitment Coordinator at volunteer@stjohnvic.com.au to discuss, and current members should talk to their line manager.

| RESPONSIBILITY | INITIALS |
|---|----------|
| <p>DIVISION SELECTION</p> <ul style="list-style-type: none"> My division is _____. It meets for training at _____ (time) on _____ (day) at _____ (suburb). I am available to attend regular meetings at my nominated division at this time and place, and to attend community events in that area on weekends. If I rely on public transport, I have checked that the meeting place is accessible. | |
| <p>EVENT ATTENDANCE</p> <ul style="list-style-type: none"> I will undertake a minimum of <u>60 hours</u> at events per year, over at least <u>10 events</u>. In my first year, I will attend an average of <u>one event per month</u> of my membership. For example, if I join in June, I will complete 6 events by the end of the year. I will be punctual and provide a high level of customer service to patrons, patients and all staff involved with delivering an event. I will follow the directions of the event staff and deliver the high level of professionalism the event organisers expect of all their service providers. This will include delivering customer-centred care, and complying with social media and mobile communication policies at events. I understand that St John is a provider of First Aid at major events across the state and I will be expected to attend a mix of small community events and major events. I may be asked to swap from one event to another according to staffing needs. I will be well-presented at all times at events, and I understand that I will need to supply appropriate footwear. I will need to cover the cost of my travel to and from events or to a meeting point, except for pre-approved long-distance travel. | |
| <p>TRAINING AND QUALIFICATIONS</p> <p>My qualifications</p> <ul style="list-style-type: none"> I will maintain a current <i>HLTAID003 Provide first aid</i> qualification. <u>Before</u> this qualification expires after 3 years I will communicate with my manager to arrange for renewal. (There may be exemptions, or different requirements for some roles.) When I become a First Responder, I will communicate with my manager to arrange for the additional qualifications I hold to be renewed before their expiry date in 3 years in order for me to maintain my First Responder accreditation. | |



| RESPONSIBILITY | INITIALS |
|--|----------|
| <p>Reaccreditation training</p> <ul style="list-style-type: none"> I understand that members are required to complete 10 mandatory training modules a year if they are First Aiders, or 15 mandatory modules if they are First Responders. I will complete this requirement via attendance at my divisional training nights, training held at other venues, or online training (limited modules). In my first year I will make every effort to attend the mandatory modules that are scheduled at my division for the remainder of the year. If I am unable to attend a mandatory module I will make arrangements with my manager to attend an alternative session. I understand that regular attendance at divisional training is an essential part of my membership, and along with the opportunity to increase my first aid skills it will help me develop connections within my division and become part of the St John community. | |
| <p>COMMUNICATION</p> <ul style="list-style-type: none"> I will inform my manager if I will be absent from the division for more than two meetings, or if I will be unavailable for events for more than one month. I will maintain a line of open communication with my division, and remain in regular contact. My communications will be respectful and in accordance with the Code of Conduct at all times. If circumstances require me to withdraw from an event I have committed to, I will notify my manager or the Event Support Team as a matter of urgency. I will keep my contact details, including phone number and email address up to date in the volunteer portal. | |
| <p>WORKING WITH CHILDREN CHECK & POLICE RECORDS CHECKS</p> <ul style="list-style-type: none"> I understand that a member must hold a current Working With Children Check at all times. I will renew this every 5 years. I will submit a new police records check every 3 years or as requested. | |
| <p>DECLARATION OF UNDERSTANDING OF POLICIES</p> <p>I have read and understand the following organisational policies:</p> <ul style="list-style-type: none"> Code of Conduct Policy [POL-PAC-002] Equality in the Workplace Policy [POL-PAC-005] Child Protection Policy [POL-PAC-001] Privacy Procedure [PRO-PAC-009] Social Media Policy [POL-PAC-008] | |



| RESPONSIBILITY | INITIALS |
|---|----------|
| <p>MANAGING MY EXPERIENCE IN ST JOHN</p> <ul style="list-style-type: none"> I will take responsibility for my own experience in St John. I will make every effort to monitor my training qualifications and event attendance in order to achieve the annual requirements, and be proactive in seeking assistance if I need help. I appreciate that my manager and the other personnel who support me are likely to be volunteers as well, and I will be respectful of their time and commitment. I will be mindful of my own health and will endeavour to balance my commitment to St John with family, study and work commitments. | |
| <p>IF MY CIRCUMSTANCES CHANGE</p> <ul style="list-style-type: none"> If my circumstances change and I have difficulty meeting these requirements I will contact my manager to discuss any support that can be provided to me or alternative arrangements that can be put in place, or other divisions that may be more appropriate. If I develop a health condition that may affect my ability to perform my role safely or effectively I will notify my manager. When my membership ends I will return my uniform and any equipment or other items belonging to St John. | |

I understand that if I am unable to meet these annual requirements I may be subject to a performance management process, which may result in cancellation of membership.

Applicant's Signature: _____ **Date:** ___ / ___ / ___



Part C - Declaration Of Ability

I understand that, as a member of St John Victoria, I may be required to perform a variety of tasks and duties and assume responsibilities including those listed below:

1. To perform first aid duties in all circumstances including emergency and stressful situations which have been explained to me.
2. To work as part of a team and accept directions.
3. To communicate orally with casualties, fellow workers and the public in various environments and appropriately complete a casualty report form.
4. To be fit enough to perform effective one person adult Cardiopulmonary Resuscitation on the floor for 5 minutes. (This ability will be tested annually)
5. To carry a first aid kit and other emergency apparatus, weighing up to twenty kilograms, a reasonable distance to a casualty and administer first aid in a timely manner in a variety of environments.
6. To assist in lifting and moving a casualty if needed and carry, with the assistance of one or more people, a casualty on a stretcher a reasonable distance.
7. To lift a casualty as part of a team when required and manoeuvre and load a casualty, with or without assistance, onto a stretcher.
8. To undertake study programmes, participate in gaining and developing the knowledge and skills relating to first aid and use the knowledge and skills acquired from such study programmes.
9. To recognize limits of first aid and my abilities and to be ready to ask for help.
10. To take precautions for my safety and those for whom I am caring, including maintenance of personal immunization status and carrying out of protective measures consistent with the duties to be performed. I have read and understood the relevant St John policies and procedures.

I am able to fulfill these responsibilities. If at any time I am no longer able to do so, I will advise the appropriate officer at the earliest practical moment.

I acknowledge that:

- A false or misleading statement could lead to disciplinary action.
- There are health risks associated with smoking, excess alcohol intake and the use of illicit drugs. These activities may also adversely affect my ability to effectively serve the community.
- St John Ambulance Australia has a duty to ensure that members allocated to a duty are able to function safely and effectively.
- If at any time, even at the time of this application, it becomes apparent, or there is reason to believe, that I am unable to safely and effectively perform the duties and requirements of my position, I may be asked to attend a medical examination.

If you have any concerns about your ability to fulfill any of these points, please outline these below.

Applicant's Signature: _____ **Date:** ___ / ___ / ___



Part D – Proprietary Agreement

Please read each statement below and initial your acceptance on the line to the right of each statement and then sign the bottom of the form.

Confidentiality Agreement

- I agree not to disclose any confidential information regarding a client's personal or business affairs or St John's affairs ("confidential information") to any other person without the client's or St John's knowledge and approval
- I agree to only use confidential information for the purpose for which it has been provided to me and will not use confidential information for any personal advantage without full and open disclosure
- I agree that I will not leave the information of a client or member in any place where it can be seen and will ensure forms in my charge will be secured at all times
- I will not remove files, papers, plans, documents or other confidential materials from any St John location, whether written or electronic without the appropriate approval of the Line Manager
- I agree to always ensure I have the permission of another person before passing on their details
- I will return all records, documents, manuals, together with any copies or extracts made or acquired by members, employees or volunteers in the course of my role at St John to my line manager on termination of my role with St John.

Intellectual Property

I will never use any intellectual property provided to me in the course of my involvement with St John (including all programs, manuals, documentation and artwork developed as part of my role or a colleague's role at St John) for use by another organisation without the signed permission of the Chief Executive Officer of St John Victoria

Conflict of Interest

A conflict of interest can occur when a person's private interests conflict directly or indirectly with their obligations to the organisation. An example would be working or volunteering for another business that provides similar services to St John, such as first aid at events, first aid training or patient transport.

The declaration of a conflict of interest in itself will not necessarily preclude a person from volunteering with St John. Where it does, you will be notified of the alternatives for maintaining your membership with the organisation. Please select one box below:

- I do not need to declare a conflict of interest. Where a potential conflict of interest arises in the future, I will inform my manager and request this conflict be reported to State Office for review.
- I may have a conflict of interest that I would like to declare (eg First Aid trainer or First Aid provider for another organisation). Provide details below.

Applicant's Signature: _____ **Date:** ___ / ___ / ___