



Community Transport

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

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 team leader who will assist you in your role and a team to support you on shift; 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
- a yearly reaccreditation program to help you maintain your skills.

We will provide you with a uniform:

- the uniform you are required to wear on shift will be supplied as per our Uniform Policy. You will need to provide black pants and footwear, which must also be black and enclosed.

We will recognise your service and achievements:

- you will be eligible for national formal service awards; and recognition of your contribution to Community Transport.

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

- we will provide reimbursements for meals and other refreshments on shift; and
- no cost is incurred by volunteers for Working with Children Checks or National Police Check.

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.

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 team leader.

RESPONSIBILITY	INITIALS
<p>DIVISION SELECTION</p> <ul style="list-style-type: none"> • My division is Community Transport. I am available to attend yearly professional development sessions, and to attend Community Transport shifts during the week. • If I rely on public transport, I have checked that St John Ambulance State Office is accessible. 	
<p>SHIFT ATTENDANCE</p> <ul style="list-style-type: none"> • I will attend at least <u>one shift per fortnight</u> of my membership. • I will be punctual and provide a high level of customer service to customers and all staff involved with Community Transport. I will follow the directions of St John staff and deliver the high level of professionalism our customers expect. This will include delivering customer-centred care and complying with Community Transport policies. • I will be well-presented at all times on shift, and I understand that I will need to supply appropriate pants and footwear. • I will need to cover the cost of my travel to and from State Office or any other previously agreed upon meeting point. 	
<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 team leader to arrange for renewal. 	
<p>Reaccreditation training</p> <ul style="list-style-type: none"> • I understand that Community Transport members are required to complete mandatory training modules per year. I will complete this requirement via attendance to Professional Days at State Office. • If I am unable to attend a mandatory module, I will make arrangements with my team leader to attend an alternative session. • I understand that attendance to 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. 	



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 shift attendance in order to achieve the annual requirements and be proactive in seeking assistance if I need help. • 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>COMMUNICATION</p> <ul style="list-style-type: none"> • I will inform my team leader if I will be absent from Professional Days, or if I will be unavailable for shifts for more than one month. • I will maintain a line of open communication with my team leader, and my communications will be respectful and in accordance with the Code of Conduct at all times. • If circumstances require me to withdraw from a shift I have committed to, I will notify the Event Support Team or my team leader 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 & NATIONAL POLICE CHECK</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 National Police 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 Safety Policy [POL-PAC-001] • Privacy Procedure [PRO-PAC-009] • Social Media Policy [POL-PAC-008] • Community Transport Drivers' Daily Shift Procedure [PRO-CT-001] • Motor Vehicle Policy [PRO-FAA-009] • Drug and Alcohol Policy [POL-PAC-004] • Fitness for Duty Policy [POL-PAC-0213] 	



RESPONSIBILITY	INITIALS
<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 team leader to discuss; any support that can be provided to me; alternative arrangements that can be put in place; 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 team leader. • I will maintain a valid and current Car Drivers Licence (P2 licence or higher) and will advise my team leader if these circumstances change. • When my membership ends, I will return my uniform 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. Picking up, transporting and dropping off customers safely and timely in accordance to the daily schedule, throughout Melbourne and surrounding areas.
2. Navigating and timing journeys with the use of a smart phone.
3. Assisting customers with loading and unloading of walking aids, luggage, bags, etc.
4. Collecting and returning the vehicle and equipment needed each day to State Office or other previously agreed upon locations.
5. Monitoring the vehicles condition and assisting with upkeep of cleanliness.
6. Responding to potential emergency situations during your shift, including performing first aid.
7. To be fit enough to perform effective one-person adult Cardiopulmonary Resuscitation on the floor for 5 minutes. (This ability will be tested annually)
8. To recognise limits of first aid and my abilities.
9. To take precautions for my safety and those for whom I am transporting, including following Road Safety Road Rules.
10. Requesting feedback from customers via use of electronic tablets.

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	INITIALS
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 team leader.	
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 team leader 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, community transport or patient transport.

The declaration of a conflict of interest 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 team leader 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: __ __ / __ __ / __ __