

COA VOLUNTEER WORK AGREEMENT

All information given to COA will remain strictly confidential

Name..... Date of Birth:
(Surname) (Given Names)

Address.....

Post CodeTel:Mobile:.....

Email:

Background

Please circle if appropriate: Holocaust Survivor Child Survivor Child of Holocaust Survivor

Skills/ Interests.....

Emergency Contacts:

Doctor's name:.....Phone:

Next of kin/relative:.....Relationship:.....Phone:

Volunteer Availability:

- I am prepared to attend Volunteer Training: - Yes / No
- I agree to a police check, as I will be working with frail aged clients: - Yes / No
- I agree to COA's use of my image in Newsletters and articles: - Yes / No

I am available for volunteer work - Mon / Tue / Wed / Thur / Fri / Sun Am/pm

Please fill section A for Meal Delivery, section B for all other types of volunteer work, and both if you deliver meals and take on other volunteer roles at COA.

A. I volunteer to Deliver Meals/Helper

Car: Yes/No Two/Four Door Registration No.....Licence No.....

My car is insured with:.....

I am available: Mon / Wed / Fri. Also in emergencies on

I have been briefed and understand the procedures as a Deliverer/Helper - Yes / No

I am prepared to deliver to: Eastern/South-Eastern/Kings Cross/South-Sydney/

Western/Northern Suburbs/Others.....

B. I am interested in assisting with:

Home Visits/ Clerical / Computer / Shopping / Nursing Home Visits / Hospital Visiting /

Phone Monitoring / Help in Hall / Other (please specify).....

Signed..... Date.....

PTO to read and sign Volunteer Insurance and Confidentiality forms

Volunteers Insurance Cover

Volunteers Personal Accident

This policy provides cover for volunteers for accidental injury and/or death whilst carrying out volunteer work, including travel directly to and from the place of voluntary work.

The additional benefits which are unique to this package, are as follows:

- No age limit (75 years of age and over are limited to a Death Benefit of \$40,000)
- The inclusion of domestic home help if required by a medical practitioner
- Cost of Ambulance hire, not recoverable from any other source.
- Student tutorial benefits should a medical practitioner advise same.
- Death & Capital Benefits \$100,000.
- Total Disablement \$500 per week.

For information of Kosher Meals on Wheels drivers

Motor Vehicle

This policy provides protection for volunteer's vehicles which are comprehensively insured. In the event of an accident where the volunteer is at fault whilst carrying out volunteer work, they are not prejudiced by losing their excess or first year's no claim bonus. Cover is also provided for the insured at fault claims which are below the insured volunteer's normal policy excess, e.g. broken tail light.

- compensation for the loss of the volunteer's no claim bonus for one renewal period only;
- the amount incurred by the volunteer for the excess of any other motor vehicle insurance policy There is no limit on the recovery of excess. Once the volunteer produces the receipt for the excess incurred along with the supporting documents. The claim will be paid.
- the cost of hiring a "small" category hire vehicle until the volunteer's vehicle is repaired or replaced, or for a maximum of 14 days of hire. Unless these costs are already covered by the volunteers own motor vehicle insurance policy
- up to \$15,000 or the market value (whichever is the lesser) for loss or damage to any vehicle owned by a volunteer if the loss or damage occurs while they are using their vehicle in the course of their volunteer work, provided that the vehicle is not covered by any other motor vehicle insurance or the loss or damage is not covered by any other public liability insurance.

After reading this through please sign the agreement on the Page 3

VOLUNTEER INDEMNITY

I,of.....
.....have read the document entitled
“NSW Meals on Wheels Association Incorporated – Volunteer Insurance” and I
understand the insurance cover I might be entitled to while engaged in voluntary work
for COA Sydney is as specified on that document.

If I incur any expense as a result of damage to my property or my vehicle or the
property or vehicle of others, as a result of accident, theft or any other circumstances
while engaged in voluntary work for the COA Sydney, I indemnify the COA against any
loss.

I understand that volunteers are accepted by the COA on the basis that their motor
vehicle is covered by property insurance for self, passenger and third party.

Signed.....

Witness.....

Please continue to page 4 to sign confidentiality agreement

COA CONFIDENTIALITY AGREEMENT

I have accepted work as a volunteer with the COA Sydney and understand that during the course of that work I may be provided with or otherwise learn of “Confidential Information” relating to the members and clients of the COA.

I hereby undertake and agree as follows:

- (a) to hold the Confidential Information in confidence and not to disclose or permit it to be made available to any person, without the member’s or client’s consent;
- (b) only to use the Confidential Information for a permitted purpose such as referral between agencies or updating specific departments of COA as required;
- (c) to ensure that each person to whom disclosure of Confidential Information is made (in the course of referral between agencies or internal COA updating of client information) is fully aware of my obligation to keep that information confidential.

Name:

Signature:

Date:

Thank you for choosing to volunteer with COA

Office Use Only	<input type="checkbox"/> Volunteer xls <input type="checkbox"/> COA Data Base <input type="checkbox"/> Volunteer Register <input type="checkbox"/> CRC Complete <input type="checkbox"/> Email List Undated
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