

# Volunteer Agreement

## Parties

**Deakin University** ABN 56 721 584 203 of 1 Gheringhap Street, Geelong, Victoria, 3220 (**Deakin**)

**The Volunteer** whose details are set out in the attached Schedule (**Volunteer**)

## Agreement

The Volunteer wishes to participate in the volunteer activities described in the attached Schedule.

### The Volunteer agrees:

- To liaise with the supervisor regarding the times, duration and location of the volunteer activities.
- To undertake the volunteer activities allocated to them in a responsible and conscientious manner.
- To notify the supervisor if for any reason they are unable to attend the activity at the agreed times.
- To participate in induction programs as required by Deakin.
- To comply with Deakin's legislation, policies and procedures as advised to them from time to time, including, without limitation, Deakin's [Code of Conduct](#).
- To comply with all occupational health and safety requirements of Deakin.
- To obey all lawful directions of Deakin and seek advice from the supervisor if any direction is unclear.
- To provide current contact and emergency contact details to Deakin.
- Not to use or disclose any confidential information of Deakin.
- To dress in an appropriate manner.
- To obtain at their own expense and wear any protective clothing and shoes required by Deakin.
- To advise the supervisor of any damage to property or accident or injury to themselves or others.
- Not to incur any expenditure on behalf of Deakin without the prior approval of the supervisor.

### Deakin agrees:

- To appoint a Deakin staff member to be responsible for supervising the Volunteer.
- To provide the Volunteer with appropriate induction.
- To provide the Volunteer with access to the resources and premises needed to adequately complete the volunteer activities.
- To provide the Volunteer with access to any relevant legislation, policies and procedures.
- To provide the Volunteer with any necessary safety equipment.
- To provide insurance cover for the Volunteer in accordance with Deakin's insurance policies while they are undertaking the volunteer activities.

### The Parties agree:

- The Volunteer is not an employee of Deakin and is under no legal obligation to participate in volunteer activities at Deakin.
- The Volunteer will not be paid for volunteer activities undertaken under this Agreement.
- The Volunteer will not perform work that would ordinarily be performed by an employee of Deakin.
- Deakin will own all intellectual property arising from the volunteer activities performed by the Volunteer.
- Either party may terminate this Agreement at any time by providing the other party with reasonable notice in writing.

## Collection Statement

*Deakin University is collecting your personal information on this form to facilitate your participation in the volunteer activities set out in the Schedule. Deakin will also use this information to support your health and safety and for Deakin's compliance purposes. For these purposes, Deakin may also provide this information to third parties outside of Deakin, such as people or organisations involved in or supporting the volunteer activities and, in the event of an emergency, emergency services or healthcare professionals. You are not required to provide this information, however, if the information is not provided, you will not be able to participate in the volunteer activities.*

*Deakin manages personal information it holds, including requests by individuals for access to their personal information, in accordance with the Privacy and Data Protection Act 2014 (Vic). Information on privacy at Deakin is available at <http://www.deakin.edu.au/footer/privacy>. Questions about privacy may be directed to the Privacy Officer on (03) 5227 8524 or by email to [privacy@deakin.edu.au](mailto:privacy@deakin.edu.au).*

**Signed** for and on behalf of **Deakin University**  
by its duly authorised officer:



Signature of authorised officer

**Signed by the Volunteer:**

Signature of Volunteer

Tordy Rowe  
Name of authorised officer (please print)

Date:

In2science program coordinator  
Office Held

Date: 28 September 2023

### **Signing**

## **Schedule**

**Volunteer Name** [ ]

### **Contact Details**

Current Residential Address [ ]  
Telephone Number [ ]  
[ ]  
[ ]

### **Emergency Contact Details**

Name [ ]  
Address [ ]  
Telephone Number [ ]  
[ ]  
[ ]

### **Volunteer Activities**

Nature of Activities [In2science peer mentoring in local secondary schools]  
Location [To be agreed between the parties]  
Times/Duration [To be agreed between the parties]

### **Volunteer Supervisor**

Name [Tordy Rowe]  
Office Held [In2science program coordinator]  
Campus [Waterfront]  
Telephone number [03 5227 8189]