



WHITTLESEA AGRICULTURAL SOCIETY

STAFF, CONTRACTOR AND VOLUNTEER INDUCTION REGISTRATION FORM

President's Welcome

Welcome and thank you for your participation. The annual Whittlesea Show would not be able to function without your help and support. Please find below some very important information.

Jayson Munro - 2025

President of the Whittlesea Agricultural Society.

To help and support you we have introduced this Induction Registration Form.

All staff, Contractors and Volunteers need to be inducted when they arrive at the Whittlesea Agricultural Society for the first time. The information contained in the Induction Form is provided to assist you with a clear understanding of the Facilities provided and the Health and Safety Policy of the Whittlesea Agricultural Society.

Staff, Contractors and Volunteers are responsible for:

- Taking reasonable care for their own health and safety as well as others.
- Co-operating and complying with all instructions given by the Superintendent/Supervisor of your section, as well as from Section Wardens and/or the Safety Team.
- Promptly reporting all incidents, accidents, illnesses and any risks to public Health and Safety to your Section Superintendent/Supervisor, Section Warden and/or the Safety Team.
- Wearing appropriate clothing and footwear for the position that you are undertaking.
- Notifying your Section Superintendent/Supervisor when leaving the Showgrounds.

If your role requires working with members of the general public, please ensure that you are courteous and patient. These are our patrons.

Please understand that if you bring children to the Society grounds, you are totally responsible for their safety. The Showgrounds is seen as a work site, and children should be restricted to your immediate area and remain under your control.

Please familiarise yourself with the Agricultural Society's Child Protection Policy as well as the Lost Child Policy.

The Society has adopted a Bullying Policy and Sexual Harassment Policy, and these are all available at the main Administration Office for your information.

REMEMBER: If You See Something "Say Something"



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APPLICATION TO WORK WITH SOCIETY AS A VOLUNTEER

EXPLANATION OF PURPOSE OF VOLUNTEER APPLICANT & PERSONNEL PARTICULARS FORM

This form is to be completed by persons who are applying to undertake voluntary activities on behalf of or in consultation with the Society.

It is designed to elicit appropriate information from the volunteer to assist the Society in determining the suitability of the volunteer for the task. It also assists in identifying the training and safety equipment required in accordance with Society's Risk Management strategies and Occupational Health & Safety requirements.

The Society's representative signing the form on behalf of the Society is to ensure that any training, protective clothing (e.g. hat, sunscreen, safety vest, etc), and tools required are issued prior to the volunteer commencing the task. When volunteers are using their own tools and or personal equipment this must be approved by the Superintendent responsible for the area where the work is to be conducted:

Applicant details

Name: _____ Phone: _____

Address: _____

Email Address: _____

Note: if applicant is under the age of 18 a parent or guardian must co-sign this application and the volunteer must be supervised at all times by a responsible adult.

Person to be contacted in case of Emergency:

(Second emergency contact will be contacted if your primary contact cannot be reached)

Name: _____ Phone: _____

Name: _____ Phone: _____

Type of volunteer work application is made for: _____

Skills/Licences held in relation to this task:



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Work details

(To be completed by Society's representative in charge of work area)

Location of work: _____

Type of work: _____

Proposed work duration: _____

Training required: _____

Tools and protective equipment required for work:

Identify which (if any) tools or equipment are to be provided by volunteer:

Volunteers are not to use their own tools or protective equipment unless they have been approved by the Superintendent responsible for the area where the work is to be conducted

Applicant Declaration

- I agree to work in a constructive and cooperative way with Society staff and volunteers and comply with any safety procedures requested.
- A current working with Children Check Clearance issued under the Worker Screening Act 2020
- I agree to work under the guidance and supervision of the Society's representative responsible for the area of work for which I have volunteered.
- I agree to use the tools and protective equipment specified in this application.
- I agree to contact the Society's representative designated if I intend to vary the nature of work specified in this application, or if I experience any problems with the work I am undertaking.
- I understand that Society may terminate my volunteering services if I do not comply with any aspect of this agreement.
- I agree to inform the Society immediately of any injuries sustained whilst undertaking volunteering activities.
- I am willing to undertake any training deemed necessary by the Society in relation to my volunteering services to ensure that I comply with all policies and legislative obligations of the Society.
- I understand that as a volunteer I am expected to maintain the same standards of confidentiality, courtesy and organisational discipline as a paid Society employee.
- I understand that I am volunteering my services to the Society and will not receive remuneration for my service, and that I will inform the Society when I no longer wish to be considered for further volunteering activities.

Signed: _____ Date: _____



Induction Date	
Name of Inductor	
Supervisor/Superintendent in charge of your area	

NOTE - Saturday and Sunday: Defibrillator machines are located at the main Admin building, Cattle Pavilion, Pony Club building, Men's shed and the Football Clubrooms



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Staff/Contractor/Volunteer:

I have participated in the induction procedure and understand all the areas discussed.

Signed: _____ Date: _____

Superintendent / Inductor

I have inducted the above person.

Signed: _____ Date: _____

Office Use Only

Protective tools & equipment to be provided by Society: _____

The applicant is approved for the work specified in the form.

Signed: _____ Date: _____
Superintendent/Other person in charge of work area

Signed copy of form to be returned by applicant and placed on file?

Copy supplied to applicant?

Form placed on file?

Signed: _____ Date: _____