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# S355 Committee Nomination Form

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| **Please return the form to:**The General Manager, Edward River Council | **Contact us:** |
| **Mail** PO Box 270 Deniliquin NSW 2710 | **Personal Delivery** 55 Napier StreetDeniliquin NSW | **Phone:** 03 5898 3000**Fax:** 03 5898 3029**Email:** council@edwardriver.nsw.gov.au  |

APPLICATION FOR APPOINTMENT TO EDWARD RIVER COUNCIL
SECTION 355 COMMITTEE OF COUNCIL

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **1**. **Which Committee of Council are you applying to be appointed to?** |
| **Name of S355 Committee of Council:** |  |

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| **2.** **Applicant Details** |
| **First Name:** |  |
| **Surname:** |  |
| **Address:** |  | **Postcode:** |  |
| **Telephone Numbers:** | **AH:** |  | **BH:** |  | **Mobile:** |  |
| **Email:** |  |
| **Emergency Contact:** | **Name:** |  | **Relationship:** |  |
| **Address:** |  | **Phone (BH):** |  |
| **Phone (AH):** |  |
| **Mobile:** |  |
| **Are you representing a Group or Organisation?** | [ ]  Yes | [ ]  No |
| **If “Yes”, please advise name of Group/Organisation:** |  |
| **Do you have a current Police Check that has been verified within the last 6 months?** | [ ]  Yes | [ ]  No |
| **Would you be prepared to undergo a Police Check if required?** | [ ]  Yes | [ ]  No |
| **Do you have any medical condition that might affect your ability to undertake volunteer work?** | [ ]  Yes (Please Specify) | [ ]  No |
| **Are you currently:** (Please tick) | [ ]  Retired | [ ]  Student | [ ]  Home Duties | [ ]  Self-Employed |
| [ ]  Employed  Full-time | [ ]  Employed  Part-time | [ ]  Other: |
| **3.** **Please outline why you would like to be a member of this Committee:** |
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| **4.** **Please outline below any relevant qualifications, skills and experience that you could contribute to the management, development and operation of the Committee.** |
| **Please outline how you meet the following criteria:** • Have established ties to the Edward River community, and • Experience (professional, amateur, volunteer) working in either; venue management, event management, conference organising, music promotion, theatre production, design, marketing, or related technical areas such as accounting, managing people or business, community services or groups or fundraising. |
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| **5.** **Are you interested in an Office Bearer’s position on the committee (Chair, Secretary, Treasurer, Bookings Officer). If so, please outline the skills or experience you would bring to such a position** |
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| **6.** **Experience on Council’s Committees (if any): Please list name of Committee(s) and period of service.** |
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| **7.** **Any other information you wish to include:** |
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| **8.** **Terms, Conditions and Responsibilities** |
| **I confirm that:*** I have read and understand the relevant Instrument of Delegation and Guidelines appropriate to this Section 355 Committee of Council
* I am over 18 years of age;
* I am not insolvent (unable to pay debts as they become due and payable);
* I have not been convicted of any indictable offence (a serious crime that is tried by a judge);
* I have not been convicted of fraud (convicted by a court of obtaining of material advantage by unfair or wrongful means or an intentional dishonest act done with the purpose of deceiving);
* I have not committed any other act or omission that might render or be seen to render them unfit for them to be a member of the Committee of Council; and
* I do not have any criminal convictions, financial or taxation dealings that might render or be seen to render them unfit for office.

**I understand that as a volunteer of Edward River Council that the following conditions apply:*** The Council will make no payment to me.
* Only whilst I am assisting the Council in the above mentioned clearly defined Council business activity, and whilst my assistance is approved/controlled and/or known by the Council, will I be covered by the Council’s Public Liability Insurance Policy.
* While acting as a volunteer, a limited personal accident insurance cover will be affected by the Council subject to the terms and conditions of the policy.
* Should any injury occur to me whilst I am acting as a volunteer of the Council I will notify my Council contact immediately.
* Any incident, which occurs in which injury or property damage to other parties may arise, will be reported immediately or as soon as practicable to my Council contact.
* I am expected to perform the task I have volunteered for with all due care, skill and diligence.
* I have declared all medical conditions that may affect my volunteer work.
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| **VOLUNTEER RIGHTS****As a Volunteer you have the right:*** To work in a healthy and safe environment;
* To be interviewed and engaged, in accordance with equal opportunity and anti-discrimination legislation;
* To be adequately covered by insurance;
* To be given accurate and truthful information about the organisation for which you are working;
* To be reimbursed for out-of-pocket expenses;
* To be given a copy of the organisation’s volunteer policy and any other policy that affects your work;
* Not to fill a position previously held by a paid worker;
* Not to do the work paid staff would normally do during industrial disputes;
* To have a job description and agreed work hours;
* To have access to a grievance procedure;
* To be provided with orientation to the organisation;
* To be provided with sufficient training for you to do your job.
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| **VOLUNTEER INSURANCE**Volunteer workers who are delegated Section 355 Committee of Council members are covered by the terms and conditions of Edward River Council’s Personal Accident Insurance Policy when undertaking the duties detailed in the Instrument of Delegation and Guidelines for their relevant Committee of Council.This policy does not cover Volunteers whilst driving their own vehicles. Therefore, the Council strongly recommends that all Volunteers using private vehicles be covered by their own comprehensive insurance policy. Volunteers should note that the Council does not pay insurance costs for private vehicles. Council will not cover costs incurred by Volunteers driving uninsured vehicles.If Volunteers wish to take helpers (e.g. friends or relatives) to assist with volunteer duties, these individuals will not be covered within the terms and conditions of the Council’s Personal Accident Insurance Policy. Volunteer parents who take their children along whilst they, the parents, participate in volunteer work, must be prepared to do so at their own risk.Please contact Council immediately should any of the following incidents occur while you are volunteering for Council:1. You suffer an injury.
2. Any incident occurs in which injury or property damage occurs to third parties.
3. Any incident that occurs with your own or third party vehicle
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| **9. Applicant Acknowledgement** |
| **I confirm that I have read, understand and accept the above-mentioned terms, conditions and responsibilities and agree to abide by the Code of Conduct.****I confirm that all information provided in this application is true and correct.** |
| **Applicant Name:** (please print) |  |
| **Applicant Signature:** |  |
| **Date:** |  |

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| **Witness Name:** (please print) |  |
| **Witness Signature:** |  |
| **Date:** |  |

***Privacy Statement***

*The personal information contained in this form is collected to provide information pertaining to the appointment of individuals to a Committee of Council. This information may be disclosed to other areas of Council or third parties for the purposes of appointment in accordance with the Privacy and Data Protection Act 2004. The names of successful applicants will be included in the agenda and minutes of the Council Meeting at which they are appointed.*