

THE LOCAL STATION



FM94.3 - FM96.3 - FM94.1

Volunteer Application Booklet

| Updated March 2023 |

Thank you for your interest in Volunteering for FM96.3 FM94.3 FM94.1 2TVR

We like to think that radio is a community important and noble activity and we're proud of our station's achievements over the past 16 years.

It's because of dedicated volunteers that we have the excellent reputation and facilities that we do today.

The information you provide in this form is required for insurance purposes for all of our station volunteers. The completed form will help us provide you with a rewarding and exciting Volunteering experience.

Our Mission Statement

FM96.3 FM94.3 FM94.1 (2TVR) will provide an attractive alternative medium by pursuing excellence in entertaining, informative programming, providing access to all, thus reflecting our community's cultural, social and economic diversity.

Privacy Statement in accordance with the Privacy Act – Information collected is for the purpose of providing a volunteer service to FM96.3 FM94.3 FM94.1 (2TVR) only. No personal information is used or disclosed to other parties. All information is securely stored. Statistical non-personal information may be utilized from time to time.

Personal details

Mr/Mrs/Miss/Ms/ Dr: (Please Circle) First Name(s): _____
(Preferred Name):. _____ Surname: _____
Address: _____ Postcode: _____
Tel (Bus): _____ Tel (A/H): _____
Mobile: _____ Email: _____
Date of Birth: _____
Working with Children Check number: _____
Are you a permanent resident of Australia? _____
If not, when does your visa expire? _____
Next of Kin or Person to contact in an emergency
Name: _____ Relationship: _____
Emergency contact phone number: (H): _____
(Bus): _____ (Mobile): _____

Background?

Current/Previous Occupation?

Hobbies and Interests?

Have you had any previous radio experience? If so please outline below

Please list your musical preferences.

Volunteer Program

What skills or qualifications can you bring to FM96.3 FM94.3 FM94.1?

Availability

Which days/times are you available for volunteering?

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Type of volunteer activity preferred

What type of volunteer tasks would you prefer to undertake?

<ul style="list-style-type: none">• Radio Presenter	<ul style="list-style-type: none">• Office / Admin	<ul style="list-style-type: none">• Library
<ul style="list-style-type: none">• Radio production	<ul style="list-style-type: none">• Technical support	<ul style="list-style-type: none">• Other

1st Choice: _____ 2nd Choice: _____

3rd Choice: _____

Health information

(This information will help us ensure you are not asked to perform duties or tasks that may be detrimental to your physical or mental health)

Do you have any medical or physical limitations which might limit your ability to perform certain types of activities? Yes No

If yes, please describe: _____

Membership

Would you like to become a member? Yes No

Being a member allows you to attend and vote at all General meetings of the association. All members will receive a notification, invitation and agenda to all General meetings.

Volunteer Program

The joining fee is \$1 per person and should accompany your application form.
Annual fee is \$5 per person and is payable at the AGM.

7. Referees

Please provide the names of two people who would be willing to speak on your behalf. . We request that the referees are not relatives. Contactable daytime telephone numbers of your referees would be appreciated. Your referees will be contacted prior to acceptance into FM96.3 FM94.3 FM94.1 (2TVR) volunteer program.

Referee 1.

Name: _____

Relationship: _____

Telephone No: _____

Mobile No: _____

Referee 2.

Name: _____

Relationship: _____

Telephone No: _____

Mobile No: _____

Confidentiality Agreement

I agree that I will at no time disclose or discuss any information pertaining to the FM96.3 FM94.3 FM94.1 (2TVR) with anyone other than to the appropriate staff of FM96.3 FM94.3 FM94.1 (2TVR)

I hereby agree to abide by the Code of Ethics and Confidentiality Practice and Procedures.

PLEASE NOTE:

All successful volunteers will be placed on a three month probationary period. At the conclusion of this trial volunteer compatibility will be reviewed.

Declaration

I confirm that I have read, accept and agree to abide by the FM96.3 FM94.3 FM94.1 (2TVR), Values, Philosophy of Care and Code of Conduct for Staff and Volunteers detailed overleaf. I confirm that the information provided in this Registration Form is correct to the best of my knowledge.

Signed: _____ Date: ____/____/____

Volunteer Name (printed) _____

FM96.3 FM94.3 FM94.1 (2TVR) would like to acknowledge Volunteering WA for their Volunteer Registration template which assisted in the creation of this document

Orientation Checklist

This orientation is designed to provide you with the basic information you need to start as a volunteer with FM96.3 & FM94.3/2TVR. Please tick as each stage is completed and return a copy to the Coordinator of Volunteers to retain on your personal file.

Yes	No	ITEM
		The area in which you will be performing your volunteer duties
		A tour of the facility
		Volunteer Rights and Responsibilities
		Our mission, values, vision, and code of conduct for staff and volunteers
		Parking
		Toilets
		Tea and coffee facilities
		Storage of personal belongings
		Evacuation procedures
		Improvement Form – “How can we make things better?”
		Hazard identification, and the importance of reporting it to staff
		Incident and First Aid reports
		Information on Insurance
		Information on FM96.3 & FM94.3/2TVR

I declare that the above program has been carried out.

Name and Signature of Volunteer

Date

Name and Signature of Staff Member

Date