



MUNDARING & HILLS HISTORICAL SOCIETY INC (MHHS) VOLUNTEER APPLICATION

Personal Information

Title:		
Name:		
Address:		
Postal address:		
Phone no:		
Email:		
Emergency contact:	Name:	Phone no:

Previous relevant experience

Qualifications/ work experience:	
Skills and abilities:	
Areas of interest:	

Personal information

Personal information collected by the Mundaring & Hills Historical Society Inc. will only be used for the purposes of determining your suitability as a volunteer.

Declaration

I am over the age of 18 years.

I confirm that the information I have supplied on this form is true and correct.

I have read and understood the requirements of the MHHS **Guide to Volunteering**.

Signature: _____

Date: _____

Please provide the completed form to Trish Beaman, The Secretary, Mundaring & Hills Historical Society Inc:

By post: PO Box 334, MUNDARING WA 6073

In person: Mundaring Station Master's House, 3060 Jacoby Street, MUNDARING

By email: mhhs@inet.net.au

MUNDARING & HILLS HISTORICAL SOCIETY INC (MHHS) VOLUNTEER INDUCTION CHECKLIST

Name: _____

Date commenced at MHHS: _____

Agreed duties: _____

Agreed workday: _____

- Welcome and brief history of the Society
- Introduction to staff and other volunteers
- Overview of policies and procedures governing work practices
- Instruction with telephones, fax, photocopier, computer
- Shown location of stationery cupboards, archival records, collection and research room
- Housekeeping and dress standards
- Workplace safety and emergency procedures
- MHHS Guide to Volunteering discussed
- Covid-19 Safety Plan discussed and copy given

I have had all of the above explained to me and I understand the requirements.

Signature of volunteer: _____

Signature of staff member: _____ Date: _____