Form: Covid19 – Vulnerable Volunteer Declaration

The coronavirus (COVID-19) is continuing to have impact in the community and Achieve Australia are taking measures to protect the health, safety and wellbeing of our staff and volunteers.

In line with the advice provided by the government health authorities, we are working with employees and volunteers who have been identified as part of high-risk or vulnerable worker groups to ensure their safety. As such, we ask these individuals to complete a Risk Assessment.

We request that relevant volunteers complete this form after they have consulted with their Doctor about the COVID-19 risks in relation to their individual health and volunteering in the community disability sector.

|  |  |  |
| --- | --- | --- |
| **Details** | | **Responses** |
| Name |  | |
| Name of Team Leader/Manager |  | |
| Location |  | |
| Phone Number |  | |
| I am a part of one of the COVID-19 Vulnerable volunteer groups   * Over 70 * Over 60 with a relevant health condition * Aboriginal or Torres Strait Islander over 50 with a health condition | | **(Tick all Relevant)** |
| I have spoken to my Doctor regarding the risk factors associated with the population group I am part of, as well as for me individually. | | **Yes No** |
| After consultation with my doctor, I confirm I would like to continue volunteering and I feel that the risks for me are no different to the general population. | | **Yes No** |
| I understand that as a volunteer in the community/disability sector an inherent requirement of my work is face to face contact. | | **Yes No** |
| I will work with my manager to mitigate any risks that have been identified. | | **Yes No** |
| **After consultation with my doctor, I would like to suspend my availability to volunteer.**  **The proposed dates are as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| Please ensure that you share this information with your manager and forward onto the HR inbox at **hr@achieveaustralia.org.au**, once the form is completed and signed. | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |