



COMMITTEE MEMBERSHIP FORM

Bidgee Haven Aged Care Hostel – Section 355 Committee

Details of the applicant

Given Names: _____

Surname: _____

Address: _____

Postal Address: _____

Email: _____

Phone Number: _____

Experience and Skills

Do you have any experience in the following areas?

- A Financial background and qualification (CPA or similar)
- An Aged Care or related Health Administration background
- A Human Resources or similar background
- A person with a Resident or Family connection to the Hostel

What previous relevant experience do you have?:

What are your specific interests regarding this committee?:

What skills/attributes do you have that would be of benefit to this committee?:

Referees (Please provide two referees to provide work experience references)

1.

2.

Qualifications (Please list all educational qualifications, the institution obtained and the year)

1.

2.

3.

Applicant's Signature

- I agree to attend Committee meetings. Absence from more than three Committee meetings in a row will result in immediate loss of Committee Member position.
- I agree to inform Council of any injuries sustained whilst undertaking Committee Member activities.
- I understand that as a Committee Member, I am expected to maintain the same standards of confidentiality, courtesy and organisational discipline as Council's paid employees.
- I agree to work in a constructive and cooperative way with Council staff, other Committee Members and comply with any safety procedures requested.
- I understand that my services to Council and will receive remuneration of \$2000/annum and that I will inform Council when I no longer wish to be considered for Committee Member activities.
- I understand that Council may terminate my volunteering services if I do not comply with any aspect of this agreement.
- I agree and understand that Council will undertake a review of references and qualifications by a specialist organisation to validate authenticity.

I declare that to the best of my knowledge all particulars supplied by me are correct and completed. I understand that inaccurate or false statements may cause my application to be delayed or rescinded.

Signature: _____

Date: _____