



**ARAFMI Tasmania  
Relatives and Friends of people with Mental Illness**

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<http://www.arafmitas.org.au>

**Volunteering: Expression of Interest Form**

**Name:** \_\_\_\_\_ **DOB: (Optional)** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Do you wish to be on the free Info & Newsletter list? (Please circle) Yes No**

**Do you have your own transport? Yes No. Are you willing to transport others? Yes No**

**Next of Kin (emergency contact): Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Do you have any specific needs (health, access, diet) so that we might support you in that area?**

Yes No (Specify)

**What are key areas are of interest to you? (Please Circle)**

- Newsletter, pamphlet, booklet production? Yes
- Pamphlet and flier distribution? Yes
- Computer processing & database maintenance? Yes
- Library & library database maintenance? Yes
- Helpline support person? (training required) Yes
- Community & Mental Health Services meeting representation? Yes
- Committee member on ARAFMI (Tas) Inc. steering committee? Yes
- Other (Specify)..... Yes

**What other special skills are you are able to offer ARAFMI Tasmania?**

(e.g. language skills, qualifications in relevant fields, etc.)

**Relevant Qualifications and / or Experience:**

(e.g. living with or supporting a relative or a friend who has a mental illness/psychiatric disorder)

**What times and days suit you best for volunteering?**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Weekends</b>
am pm	am pm	am pm	am pm	am pm	am pm

Receipt of this form does not guarantee a volunteer position. Selected volunteers will be interviewed and trained. Volunteers are requested to offer 6 months regular commitment.

ARAFMI's continued support depends on volunteers.

# CONFIDENTIALITY DECLARATION

This declaration is to be signed by all new and current volunteers of ARAFMI Tasmania. A copy will then be placed on the volunteer's Personnel Record. Failure to work within the bounds of this declaration and/or serious breaches of confidentiality will result in disciplinary action being taken.

As an organisation, ARAFMI Tasmania has access to a range of confidential information, including information about the organisation, clients, fellow volunteers, clients, members, and employees.

All staff and volunteers (including the board, the members, volunteers and students on placements), who have access to confidential information must ensure that all such information is kept confidential and that information is not disclosed in situations other than those documented in the Privacy and Confidentiality Policy. All staff, members and volunteers also have a responsibility to ensure all information is stored safely to ensure that confidentiality is not breached.

## Declaration

I have read the ARAFMI Tasmania Privacy and Confidentiality Policy and understand my responsibilities in relation to privacy and confidentiality. I understand that sometimes there are limits to confidentiality and that there are processes to follow when this occurs and that these processes are bound by Law.

I also understand that my employment or my volunteering activity can be terminated or that other disciplinary action may be taken if I breach confidentiality.

Signed: .....	.....
Name (Print): .....	.....
ARAFMI Tasmania South	ARAFMI Tasmania South
Employee/Member/Volunteer	Committee Member/Coordinator
Date:.....	.....

*To be stored in Personnel File.*

# CODE OF CONDUCT DECLARATION

This declaration is to be signed by all new and current ARAFMI Tasmania staff and volunteers. The term 'staff' refers to all employees, volunteers and students of ARAFMI Tasmania.

A copy will then be placed on the staff member's Personnel Record. Failure to work within the bounds of this declaration and/or serious breaches of confidentiality will result in disciplinary action being taken.

As a small organisation made up of individuals, it is important that ARAFMI Tasmania provides a Code of Conduct that sets out workplace standards and expectations and applies to all staff. ARAFMI Tasmania expects a high standard of professional behaviour from staff at all times and it is important that all staff are familiar with, and adhere to, the Code of Conduct.

## Declaration

I have read the ARAFMI Tasmania Code of Conduct and understand all my responsibilities in relation to working relationships and workplace behaviour. I understand that issues can arise within the workplace and that there are processes to follow when this occurs.

I also understand that my employment can be terminated or that other disciplinary action may be taken if I breach the Code of Conduct.

Signed: .....	.....
Name (Print)..... ARAFMI South Employee/Member/Volunteer	..... ARAFMI Tasmania Committee Member/Coordinator
Date:.....	.....

*To be stored in Personnel File.*

# The Code of Conduct

## Rights and responsibilities for staff & Volunteers of ARAFMI Tasmania

In performing my duties as staff or volunteer with ARAFMI I am guided by the following principles, namely that:

- ◆ The welfare and interest of the family member/s are my main priority.
- ◆ I must remain impartial when dealing with issues raised and not let my personal beliefs (including political or religious) influence my function as staff or Volunteer;
- ◆ I will endeavour to uphold ARAFMI Tasmania high reputation by my actions.
- ◆ I will respect other's rights and be courteous to the views of others.
- ◆ I will endeavour to adapt my actions to be consistent with the team.
- ◆ I will be prepared to undergo performance review at periodic intervals by ARAFMI (Tas) Inc. management or ARAFMI Tasmania Committee.
- ◆ Tasks will be delegated on the basis of appropriate skills, training and experience.

### **Ensuring that privacy and confidentiality are protected is central to ARAFMI's operations.**

The National Privacy Principles set minimum standards covering the legitimate use of personal information. ARAFMI Tasmania. is committed to complying with those Principles.

In brief, ARAFMI Tasmania. only collects personal information:

- which is necessary for the lawful provision of services to members in accordance with ARAFMI's aims;
- which is given voluntarily; and
- Will be stored securely on ARAFMI Tasmania internal databases.

When in possession or control of a record containing personal information, I will ensure that:

- the record is protected against loss, unauthorised access, modification or disclose, by such steps as it is reasonable in the circumstances to take;
- If it is necessary for that record to be given to a person in connection with the provision of a service to ARAFMI (Tas) Inc., everything reasonable will be done to prevent unauthorised use or disclosure of that record.
- As a Volunteer I undertake to perform my duties and report any information as correctly as possible to the Coordinator of ARAFMI Tasmania relevant to my district, in a timely manner.

I will not disclose such personal information to a third party (e.g. for a mail out list):

- Without the individual's consent; or
- Unless that disclosure is required or authorised by or under law.

Under no circumstances will I sell or receive payment for licensing or disclosing personal information.

All employees and 'members' of ARAFMI have the right of access to all records containing personal information about them.

All inquiries or complaints about privacy should be directed to the Board of ARAFMI Tasmania by letter to the President.

# Membership Application/Renewal Form

Mr / Mrs / Ms / Dr: \_\_\_\_\_ First  
name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post

Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

I enclose cheque / Money order for \$5.00 as annual membership of  
ARAFMI (Tas) Inc, for the 2009 – 2010 financial year.

I am interested as: (please tick )

€ A carer

€ A student

€ A professional

€ Other reason

I wish to receive: (please tick )

€ Monthly updates

€ Promotional material about up coming events

€ Quarterly Newsletter

Please send me a receipt: Yes / No

## Office use:

Endorsed by committee members:

Name: \_\_\_\_\_ Signed: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Signed: \_\_\_\_\_