**Over the Rainbow**

**Application Form 2025**

**WHAT IS THE OVER THE RAINBOW COMMITTEE?**

Mount Alexander Shire Council’s Over the Rainbow Committee (OTR) is a committee of young people that develop, plan and deliver youth LGBTQIA+ events, programs, consultations and training opportunities for (secondary aged) 12-18 year olds residing in Mount Alexander Shire.

The group meets fortnightly on Thursdays from 3:45pm – 5:00pm during school terms and is guided by the Over the Rainbow Terms of Reference.

**VOLUNTEER DETAILS**

NAME: ................................................................................. AGE: ……….D.O.B:……………………….

PREFERRED PRONOUNS: …………………………………………

TOWN:

PHONE NO: MOBILE:

EMAIL:

**EMERGENCY CONTACT DETAILS:**

NAME:

RELATIONSHIP TO YOU:

PHONE: EMAIL:

ADDRESS: ……

**WHAT ARE YOUR TOP THREE COMMITTEE INTERESTS?**

🞎 Creative & Visual Arts 🞎 Event Management 🞎 Artist & Community Liaison 🞎 Chairperson 🞎 Secretary & Minutes 🞎Treasurer (finances) 🞎 Graphic Design

🞎 Press Officer (media, social media etc.) 🞎 Training Opportunities

**HOW DID YOU FIND OUT ABOUT THE OTR COMMITTEE?**

**CONDITIONS OF VOLUNTEERING:**

Mount Alexander shire Council would like to offer you a volunteer position to assist with the coordination of the Over the Rainbow Committee throughout 2025 under the following terms and conditions

* No payments will be made to you by Council for your service
* Mount Alexander Shire will only reimburse expenses prior approved by the Supervising Council Officer.
* Your Supervising Council Officer will be **Sabine Paglialonga** or her nominee
* Only while you are assisting Council in the above-mentioned clearly defined Council business activity, and while your assistance is approved and known by Council, will you be covered within the terms and conditions of Council’s Public Liability Insurance policy for third parties, personal injury or damage caused only by an occurrence in connection with the business of Council. This policy does not cover volunteers driving their own vehicles therefore Council strongly recommends that all volunteer staff using private vehicles be covered by their own comprehensive insurance policy.
* Should any accident, incident, near miss, or injury occur to you, another volunteer or property while you are acting as a volunteer of Council you must notify your Supervisor as soon as possible.
* You will be responsible for your own health and safety, and ensuring that other volunteers and the general public are not affected by your own acts or omissions in the course of volunteering.

**PARTICIPANT ACKNOWLEDGMENT:**

I agree that I am participating at my own free will and understand and agree to abide by the terms and conditions as outlined above and further acknowledge that participation in this program will include attendance to weekly meetings as well as attendance, coordination and organisation of various events and training opportunities throughout 2025.

**PRE EXISTING INJURIES AND DISEASES DISCLOSURE:**

Mount Alexander Shire Council is committed to providing a safe working environment for all volunteers. Part of this objective is to ensure that volunteers are not required to undertake tasks they are not able to perform safely.

Pursuant to Section 82 (7) and (8) of the *Accident Compensation Act,* all volunteers are required to disclose any pre-existing injury or health problem that they may suffer from and of which they are aware and could reasonably be expected to foresee which could be affected by the nature of the proposed tasks for which they are volunteering.

A failure to make a disclosure, or the making of a false or misleading disclosure, would not entitle you to compensation pursuant to the *Accident Compensation Act* should you suffer any recurrence, aggravation, acceleration, exacerbation or deterioration of your pre-existing injury or disease arising out of or in the course of or due to the nature of volunteering with Mount Alexander Shire Council.

**DECLARATION OF ANY PRE-EXISTING INJURIES OR HELATH PROBLEMS:**

Please indicate below if you have any preexisting medical conditions or health or problems

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have any pre-existing injury, disease or health problem or require medication which might affect the duties of the position for which you are volunteering? | **Yes** |  | **No** |  |

If yes, please provide details below

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you have any dietary requirements | Yes |  | No |  |  |

If yes, please provide details below

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL AUTHORISATION:**

I authorise the Supervising Council Officer, in the event of an accident or illness to authorise all necessary medical assistance and treatment that may be required as a result of participation in any Over the Rainbow Program for which I am volunteering.

In the event that medical treatment is required the Supervising Council Officer will make all reasonably practicable endeavours to communicate with the parents and guardians prior to consenting to any required medical action.

**PERSONAL POSSESSION AND VALUABLES:**

Mount Alexander Shire Council will not be responsible for any personal items which are stolen or damaged during involvement with the tasks for which I am volunteering.

**MEDIA COVERAGE AND PRESENTATION:**

Mount Alexander Shire Council may wish to use your photographed or videotaped image in some off its publications, on its website or other forms of publicity related to the Council. Please note that photos may be passed on for publication in the local media but will not be used for commercial purposes. To protect your privacy Council is seeking your permission to use any images of yourself for the purpose of promotion.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you authorise Mount Alexander Shire Council to use your image for promotional purposes | Yes |  | No |  |

**VOLUNTEER CHECKLIST:**

|  |  |  |
| --- | --- | --- |
| * 1. Have you completed the above details entirely | Yes |  |
| * 1. If you are under 18 have you had a parent/guardian confirm the details on this form | Yes |  |

**I have read and understand the above conditions**

Volunteers Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature (if volunteer is under 18 years of age):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit your application addressed to **Sabine Paglialonga** by either:

* **Email** to [youth@mountalexander.vic.gov.au](mailto:youth@mountalexander.vic.gov.au)
* **In person** to Customer Service at the Civic Centre
* **Post** to Youth Development Team, Mount Alexander Shire Council, PO Box 185, Castlemaine 3450.

**Privacy Statement:**

Mount Alexander Shire Council collects this information for the purposes of processing and considering your application for participating in the Youth Advisory Group. We will use the information we collect from you only for these purposes and will not disclose personal information unless authorised by you or as permitted or required by law. Your information is treated as confidential and managed in accordance with Council’s Information Privacy Policy. Failure to provide some or all of the information requested may result in your application not being processed.