

# UMINA BEACH MEN'S SHED Inc.

## Membership Application Form

Please note: *New members to be interviewed by a committee member.* Due to safety requirements the Shed has a **No Smoking** policy.

**Name In Full**

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**Preferred Name** (if applicable)

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**Date of Birth**...../...../.....

**Address** .....

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**Phone Nos. Home**.....**Mobile** .....

**Email** .....

**Next of Kin:**

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.....

**Relationship:**.....

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**Contact**

**Details:**.....

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**Skills, Interests or Hobbies – Please List.**

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Skills I Would Like to Learn:

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**Have you ever done volunteer work?** – if yes, please provide details:

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**Physical or other Disabilities** – which may affect your ability to operate machinery in a safe manner.  
Please provide details:

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**Do you carry any special medical equipment and/or medications that we should know about?**  
For example, do you suffer from a heart condition, diabetes, high blood pressure etc.? Having a medical condition is not an exclusion from joining the Men's Shed, but with awareness every possible precaution can be made to protect your wellbeing.

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**Optional Question:**      *You do not have to answer this question.*

Are you of Aboriginal or Torres Straight Islander descent? **YES /NO**

Are you willing to undergo a Working with Children Check?      **Yes /No**

If **Yes**, the following additional information is required:

**Drivers Licence or Identity Card No.** .....

**Where were you born?** Country /town /suburb

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.....

**Are you willing to make yourself available for voluntary roles:**      **YES / No**

**Do you hold a Current First Aid Certificate:**      **YES / NO**      **Issue date:** .....

*All members must wear closed in footwear whilst attending activities within the Men's Shed perimeter and any other activity undertaken for and on behalf of the Umina Beach Men's Shed Inc. outside of those premises.*

**Privacy Note:**

All information supplied will be held in accordance with the Umina Beach Men's Shed Constitution and any subsequent amendments. The information available on this form is available to the Committee and will not be passed on to third parties without the written consent of the member.

**Terms & Conditions:**

I agree to abide by the Constitution of the Umina Beach Men's Shed (as set out and amended from time to time) on Website: [www.uminabeachmensshed.org.au](http://www.uminabeachmensshed.org.au) and will work under the directions of a supervisor appointed by the Committee, comply with the Shed guidelines and endeavour to maintain a safe environment for other members and for my own personal safety.

I will acknowledge and respect the cultural, linguistic and spiritual backgrounds of fellow Shed users, and their physical and mental limitations, and treat them with dignity.

I understand I am required to record under PHYSICAL OR OTHER DISABILITIES any medical conditions and/or medications that may affect my ability to operate machinery/tools in a safe manner. This information shall remain confidential and will only be supplied to first aid, ambulance and/or medical in the event of an emergency.

**Applicants Signature:** ..... **Date:** ...../...../.....

**UBMS Committee Member Name**.....

**Signature:** .....

**Date:** ...../...../.....

**Membership fee \$35.00 paid in full :**    **Date:**.../...../.....    **Receipt No:** .....

Members are required to pay a yearly membership fee (as determined by the Management Committee from time to time) and a small daily attendance fee of \$2 to defray refreshment consumables.

## Umina Beach Men's Shed Inc.

### Participant's Indemnity and Waiver

#### Risk Warning

The Management Committee and Members of the Umina Beach Men's Shed Inc. advise that the participation, including passive participation, in events or activities at, or organised by the Umina Beach Men's Shed may contain elements of risk, both obvious and inherent. The risks involved may result in property damage and/or personal injury including death.

I, the signatory, acknowledge, agree and understand that participation, including passive participation in events and activities at/organised by the Umina Beach Men's Shed Inc. contains an element of risk of injury and I agree that I undertake such risk voluntarily of my own free will and at my own risk.

I, the signatory, acknowledge agree and understand that the "Risk Warning" at the top of this form constitutes a "Risk Warning" for the purposes of **Division 5 of the Civil Liability Act 2002 (NSW)**.

I, the signatory, acknowledge the risk referred to above and agree to waive any and all rights that I, or any person claiming through me, may have against the Umina Beach Men's Shed Inc., its Management Committee or Members in relation to any loss or injury (including death) that is suffered by me as a result of my participation in any event held within the Umina Beach Men's Shed or organised by the Management Committee or Members thereof.

I, the signatory, will continually indemnify the Umina Beach Men's Shed, its Management Committee and Members on a full indemnity basis against any claim or proceedings that is made, threatened or commenced and any liability, loss (including consequential loss and loss of profits), damages or expenses (including legal costs on a full indemnity basis) that the Umina Beach Men's Shed Inc. incurs or suffers as a result of my participation in any event held by the Umina Beach Men's Shed Inc.

I have read this **Indemnity and Waiver Form** and acknowledge and agree with the contents. I have made any further enquiries which I feel are necessary or desirable and fully understand the risks involved in the activities organised within or outside the Umina Men's Shed Inc. by the Management Committee or Members.

Name:.....

Address:.....

Signature: .....

Date: .....