JOONDALUP MEN'S SHED (INC) APPLICATION FOR MENTOR/CARER MEMBERSHIP



1. TYPE OF APPLICATION

NEW or CHANGE OF INFORMATION \Box

JOONDALUP	
MEN'S S	HEDINC

Rev: 250523

2. PERSONAL DETAILS I hereby apply for Mentor/Carer (Associate) Membership of the JMS. I have read, understand, acknowledge and agree to this application and the attached Rules & Medical declarations. I have signed the same.		
Preferred Given Name (for ID badge):		
	Mobile:	
	Date Of Birth://	
Vehicle Registration:		
This application is for t	e purpose of being the Mentor for:	
Name:	Member #:	
Address:	Relationship: Postcode: Mobile:	
	ad any medical condition or disability (eg. Physical, intellectual, psychiatric or behavioural) that may affect r, your safety or the safety of other Members.	
Mentor Membership overleaf.	ead, understand, acknowledge and agree to this application and the declaration including the conditions of nave signed that declaration and this application. I warrant that all information provided is true and correct.	
6. OFFICE USE ONLY		
Date Application and Pag	ment received/ Amount paid: \$	
Mentor Membership:	ıll Year: \$50 9 Months: \$37.50 6 Months: \$25 3 Months: \$12.50	
Carer Member Assist:	ull Year: \$100 9 Months: \$75 6 Months: \$50 3 Months: \$25	
NOTE: Pro-rata rates re	er to months remaining in the financial year.	
Receipt No:		
Accepted/Rejected by th	JMS Committee on:/	
Paid to Date: 30/06/20	4	
Signature of JMS Officer	Allocated Member Number: M	

JOONDALUP MEN'S SHED (INC) Member No.: M..... JMS MENTOR MEMBERSHIP DECLARATION [(full name) of(address) hereby apply for Mentor Membership of the JMS. In so applying and in consideration of my application for Mentor Membership being accepted I acknowledge and agree that: 1. "JMS" for the purposes of this Mentor Membership Application and Declaration means the Joondalup Men's Shed Incorporated, its members and where the context so permits, its officers, servants and/or agents. 2. If accepted, I will become a Mentor Member of the JMS for the period to which the attached Application relates. 3. This document cannot be amended. Any amendment will render it null and void and the JMS cannot accept it. 4. Insurance is in place that provides limited cover to me whilst I am performing or participating in any authorised or recognised JMS activity. (For insurance details contact the JMS.) I can, in my own interests, seek and obtain personal insurance over and above the cover provided by the JMS. The JMS Rules of Association is a contract between me and the JMS. I will be bound by it and any By-Laws made under it. It is necessary and reasonable for promoting the JMS. For the avoidance of doubt, I acknowledge and agree to comply with the Rules of Association and By-Laws of the JMS if my application is accepted. 6. Warning: Some activities conducted by the JMS can be inherently dangerous. Serious accidents can happen which may result in me being injured or even killed. I have read and understood this warning and accept and assume the inherent risks in participating in those activities. 7. Exclusion of Liability: Except where provided or required by law and such cannot be excluded, I agree that it is a term of my Mentor Membership (if accepted) that the JMS is absolved from all liability however arising from injury or damage however caused (whether fatal or otherwise) arising out of my Mentor Membership and/or participation in any JMS activity. I acknowledge that the services and benefits I receive under my Mentor Membership are "recreational services" as defined under the Trade Practices Act 1974. Where I am a consumer, as defined by any relevant law, certain terms and rights may be implied in a contract for the supply of goods or services for my benefit. I acknowledge that these terms and rights, and any liability of the JMS flowing from them, are expressly excluded, restricted or modified by these Mentor Membership terms and conditions. 8. Release and Indemnity: In consideration of the JMS accepting my application for Mentor Membership I: (a) release and forever discharge the JMS from all Claims that I may have or may have had but for this release arising from or in connection with my Mentor Membership and/or participation in any JMS activity; and (b) indemnify and hold harmless the JMS to the extent permitted by law in respect of any Claim by any person including but not only another Member of the JMS arising as a result of or in connection with my Mentor Membership and/or participation in any JMS activity. In this clause 8 "Claims" means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising but does not include a claim In respect of any action, suit, etc made by any person entitled to make a claim under a relevant JMS insurance policy or under the JMS Rules of Association or any By-Laws. **CONDITIONS** 1 Fitness to Participate: I declare that I am and must continue to be medically and physically fit and able to participate in any JMS activity within my range of abilities. I am not and must not be a danger to myself or to the health and safety of others or disruptive to the enjoyment of and participation in JMS activities by other members. I will immediately notify the JMS in writing of any change to my fitness and ability to participate. I understand and accept that the JMS will continue to rely upon this declaration as evidence of my fitness and ability to participate. I acknowledge that the JMS may, in its reasonable discretion, require me to provide a Medical Review Form completed by a medical practitioner even if I have declared that I do not have or have not had a medical condition or disability. 2 Supervision and/or Care: I understand that the JMS does not provide and is not responsible for individual supervision of and/or care for its members beyond its duty of care responsibilities required by the law 3 Medical Treatment: I consent to receive any medical treatment that the JMS considers necessary or desirable during a JMS activity. I also agree to reimburse the JMS for any costs or expenses incurred in providing me with that medical treatment. 4 Privacy: I understand that the information I have provided is necessary for the objectives of the JMS. I acknowledge and agree that the information will remain confidential to the JMS Committee of Management and will only be used for the objectives of the JMS and to provide me with Mentor Membership services. I understand that I will be able to access my information through the Secretary of the JMS. If I decline to provide all the required information my Mentor Membership application may be rejected. Alcohol and Drugs: I acknowledge that the JMS is an illicit drug, alcohol and tobacco-free environment. 6 Rules and Procedures: I have read the attached Summary of JMS Rules and Procedures and acknowledge that I will comply with those Rules and Procedures. 7 Role of Mentor: I understand that my primary role is to assist my Mentee with the JMS activities that they are not capable of doing for themself. This could include using JMS machinery on their behalf (after my suitable training and assessment). I acknowledge that as a Mentor Member I am not permitted to do personal projects. I have provided all the required information and signed this form. I warrant that all information provided is true and correct. I have read, understand, acknowledge and agree to the above declaration including the warning, exclusion of liability, release and indemnity. I acknowledge that if my application for Mentor (Associate) Membership is successful I will be entitled to all the benefits, advantages, privileges and services of JMS Mentor Membership. As an Associate member, I understand that I am not entitled to vote at Annual General Meetings or Special General Meetings or stand for JMS Committee positions. Applicant's Name: Signed: Date:

I agree to the applicant above being my Mentor whilst I am at Joondalup Men's Shed

Mentee's Name:

Signed: Date:

Health and Medical

Member No.: M.....

(Optional – But Highly Recommended)
If you have an accident, and an Ambulance or Medical Practitioner is required,
providing this information may save your life.

Name: (Given Name)	(Family Name)
Address:	
D.O.B/	
Emergency Contact Phone No's.	Relationship to you.
1. 2.	
3	
GP or Specialist.	
Name.	Name.
Phone No.	Phone No
Medical conditions	
Blood Group (if known)	
Allergies:	
Any Other information that may be of	assistance in an emergency:

Note: The JMS may, in its reasonable discretion, require you to provide a Medical Review Form completed by a medical practitioner even if you have declared that you do not have or have not had any medical condition or disability.

Date. / /

Signed.

SUMMARY OF JOONDALUP MEN'S SHED RULES & PROCEDURES

Following is a brief summary of things you must know and understand to gain maximum benefit from the JMS.

JMS Standard Operating Procedures (SOPs) provide a comprehensive reference to all matters surrounding the operation of the JMS and are available at the shed for perusal.

We hope you enjoy the JMS and welcome your input and ideas.

Administrative Matters

- 1) The JMS is an incorporated body bound by the Acts Incorporations Act and Regulations (1987)
- 2) The JMS has an Executive Committee consisting of a President, Vice President, Treasurer and Secretary. There is also a Shed Manager and several other non-executive committee members.
- 3) All decisions and representations related to the running of the JMS **MUST** be approved by the JMS Committee.
- 4) No person should seek or accept gifts or donations or make statements (oral or written) on behalf of the JMS unless that person is a member of the Executive Committee or has received prior approval from the JMS executive.
- 5) Protocols and procedures exist for all administrative matters and must be adhered to in the interest of professionalism. (Please check the SOPs if in doubt.)

Conduct of Shedders

6) All Shedders are expected to abide by reasonable standards of conduct and must not bring discredit to the shed. You are expected to: **not** smoke, **not** drink alcohol, **not** take illicit drugs, **not** act inappropriately around visitors and **not** bully others or show disrespect.

Emergency Procedures

7) Contingency plans are outlined in the SOPs for such things as fire, bomb threats, chemical spills, gas leaks and dangerous intruders. Evacuation routes are posted on notice boards. You are expected to familiarise yourself with emergency procedures and comply with the directions of the Shed Supervisor.

Housekeeping

8) All Shedders are expected to assist in maintaining the shed in a safe, clean and tidy condition; to wash cups and other utensils; to empty rubbish and keep appliances such as 'fridges, microwaves etc. clean.

Please do not expect others to clean up after you!

Personal Projects

- 9) Shedders (your Mentee) are encouraged to work on personal projects but permission must first be obtained from the Shed Supervisor or JMS Committee to ensure such projects do not disrupt others or the Shed's operation.
- 10) Shedders (your Mentee) are expected to supply their own materials for personal projects. Where JMS materials are used, these must be replenished or paid for. Please discuss this with the Shed Supervisor.
- 11) As a Mentor Member, you are **not permitted** to work on personal projects at the JMS.

Safety and Security

- 12) The Shed Supervisor's word is law in all matters relating to safety and security. Grievance procedures exist under the JMS Constitution. If you don't agree with a decision you may discuss concerns with a JMS Committee member.
- 13) Appropriate clothing and footwear must be worn in the shed; this includes close-toed shoes (preferably steel caps if you have them) and no loose clothing that may get caught in machinery.
- 14) Appropriate safety equipment must be worn for the particular task being undertaken. Stop and assess what you need before commencing work. (Eye protection, ear muffs, welding helmet, gloves, facemask, aprons etc.).
- 15) Before using dangerous equipment you must have passed the JMS accreditation process.
- 16) To enter workshop areas, every shedder must be a financial member and have undergone the JMS Basic Induction Process as a minimum requirement.
- 17) Name badges MUST be worn at all times when in the shed.
- 18) On entering the shed, shedders and visitors must sign the register at reception and sign out when leaving. This is essential for your security and safety.
- 19) On finishing work, clean and put away tools, turn off machinery, remove rubbish and debris and sweep up. Do not leave materials or unfinished projects to clutter up the work area.

Remember to take time to browse through the full list of protocols and procedures. This document is entitled "Standard Operating Procedures for the Joondalup Men's Shed (Inc.)".