**JOONDALUP MEN’S SHED (INC)** 

 **APPLICATION FOR MEMBERSHIP**

 **TYPE OF APPLICATION:** New □ or Change of information □ REV\_250523

**1. PERSONAL DETAILS:**

I hereby apply for **Ordinary Membership of the JMS**. I have read, understood, acknowledge and agree to this application and the declaration overleaf. I have signed that declaration and this application.

Full Name: ……………….……………………..............................................................................

Preferred First Name (for name badge): …..……………………………………….

Address: ......................................................................................................................................

 .................................................................................................. Postcode: ........................

Phone: ……………………............. Mobile: ......................................................................

Email: ..................................................................................................Date Of Birth: …/…/..…

Vehicle Registration: .................................

**2. EMERGENCY CONTACT:**

Name: …………………………………………………….. Relationship: .....................................

Address: ……………………………..………………………………………… Postcode: .............

Phone: Work:…………………..Home: ……………………Mobile: ............................................

**3. DECLARATION:** I have read, understood, acknowledge and agree to this application and the declaration including the conditions of membership overleaf. I warrant that all information provided is true and correct.

 Signed: ………………………………….………………. Date: …………………………………………….

**4. LEGAL GUARDIAN CONSENT:** (IN RESPECT TO AN APPLICANT WHERE INFORMED CONSENT CANNOT BE PROVIDED).

 I have read, understood, acknowledge and agree to this application and the declaration and conditions of membership overleaf

 and I personally consent to the declaration and application for membership of the applicant.

 Signed: …………………………………………………………………….......

 Name: ………………………………………………………………………… Date: …………………………………

**5. OFFICE USE ONLY**

Date Application Received: ..…./….../…... Amount Paid: $....................

**Membership: Full Year: $200 | 9 Months: $150 | 6 Months: $100 | 3 Months: $50**

**Disabled Member: Full Year: $100 | 9 Months: $75 | 6 Months: $50 | 3 Months: $25**

**NOTE: Pro-rata rates refer to months remaining in the financial year.**

Receipt No: …………………..

Paid to Date: 30 / 06 / 2024 Allocated Member No.\_\_\_\_\_\_\_\_\_\_\_

Signature of JMS Officer: ......…………………………….. Committee Approval Date: / /

Database Record: Contacts list: ID Card: Vax Status Checked:

 **Health and Medical Member No. \_\_\_\_\_\_\_\_\_\_**

*(Optional Information – 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. ……………………………………………. …………………………………………………….

**Doctors and/or Specialists.**

**Name. ……………………………………………………. Name. …………………………………………………….**

**Phone No. …………………………………………………….. Phone No. ……………………………………………………..**

**Medical conditions**

1. **………………………………………………………………………………………...**
2. **.………………………………………………………………………………………..**
3. **………………………………………………………………………………………..**

**Blood Group** (if known) **…………………..**

**Allergies: ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….**

**Any Other information that may be of assistance in an emergency:**

**……………………………………………………………………………………………………………….**

**………………………………………………………………………………………………………………**

**………………………………………………………………………………………………………………**

**Signed. ……………………………… Date. ……. / ……. / ………..…**

**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.

**PREVIOUS WORK EXPERIENCE / OCCUPATIONS** **Member No. \_\_\_\_\_\_\_\_\_\_**

**In order to assist the JMS, please provide details of your previous work experience and/or occupations:**

**Trades / Professions:**

**…………………………………………………………………………………………………….…………….**

**Training Courses completed (e.g. First Aid, Chef, etc.):**

**……………………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………**

**………………………………………………………………………………………………………………………………**

**Other information about skills you have and believe may be of assistance to the JMS:**

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**Military Service**

**Please provide details of any military service (Australian and/or Other)**

**What branch of the military were you attached to? (please circle) Army - Airforce - Navy - Other**

**Was this in the Australian Defence Force or that of another nationality? …………………………………**

**Did you serve in the Regular Army? ……………………**

**Did you serve in the CMF? ……………………………..…**

**What rank did you reach? ……………………………………………………………………………………...**

**What was your term of service? ………………………………………………………………………………**

**Did you serve overseas? (Vietnam, Afghanistan, etc.) ……………………………..…………………….**

**Other service information that may be relevant ……..…………………………………………………….**

**………………………………………………………………………………………………………….……………**

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**Please tell us where you heard about the JMS**

**………………………………………………………………………………………………………….……………**

**JMS MEMBERSHIP DECLARATION**

1. **"JMS",** for the purposes of this 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 be a member of** the JMS for the period to which the attached Application relates.

3. **This document cannot be amended**. If I do amend it my application will be null and void and it cannot be accepted by the JMS.

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.

5. **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 voluntarily 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 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 membership and/or participation in any JMS activity. I acknowledge that the services and benefits I receive under my 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 membership terms and conditions.

8. **Release and Indemnity:** In consideration of the JMS accepting my application for 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 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 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, mentally 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 if I have or have had any medical condition or disability (e.g. physical, intellectual, psychiatric or behavioural) that *may* affect my efficiency as a Member, my safety and/or the safety of the others and 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. I acknowledge and agree that if I require personal supervision and/or care to enable me to participate in JMS activities then I will be responsible for arranging such supervision and/or care by a suitably qualified and experienced carer under whose supervision and care I will remain at all times whilst at the JMS. I further acknowledge and declare that in these circumstances my personal carer will at all times be responsible for my safety and behaviour to the extent that my safety and behaviour are my responsibility and that my carer fully understands and accepts that responsibility.

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 medical treatment.

4 **Privacy:** I understand that the information I have provided overleaf 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 membership services. I understand that I will be able to access my information through the Secretary of the JMS. If the required information is not provided my membership application may be rejected.

5 **Alcohol and Drugs:** I understand that alcohol consumption is not allowed at the JMS premises in Winton Rd Joondalup which is owned by the Joondalup City Council. The lessors have determined that alcohol may not be consumed on their premises.

6 **Rules and Procedures:** I have read the following Summary of JMS Rules and Procedures and acknowledge that I will comply with those Rules and Procedures.

**SUMMARY OF JOONDALUP MEN’S SHED RULES & PROCEDURES**

The 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 readily available at the Shed for perusal.

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

**Administrative Matters**

1. The JMS is an incorporated society bound by the Acts Incorporations Act and Regulations (1987).
2. The JMS has an Executive Committee consisting of a President, Vice President, Treasurer, Secretary, Shed Manager and several 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 whilst on the Shed premises or participating in JMS activities**

1. All Shedders are expected to abide by reasonable standards of conduct and not act in a way that could bring discredit to the Shed. In particular, you must **NOT:** smoke, drink alcohol,take illicit drugs,act inappropriately, bully or show disrespect to others.

**Emergency Procedures**

1. 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**

1. Shedders are expected to assist in maintaining the Shed in a safe, clean and tidy condition, to wash cups and other utensils, empty rubbish and keep appliances such as ‘fridges, microwaves, etc. clean.

**Personal Projects**

1. Shedders may work on personal projects but prior permission must be obtained from the Shed Supervisor or committee to ensure such projects do not disrupt others or the Shed’s operation.
2. Shedders are expected to supply their own materials for personal projects. Where JMS materials are used, these must be replenished or paid for by paying and obtaining a receipt from the Treasurer or Supervisor.

**Safety and Security**

1. **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 should discuss your concerns with a JMS Committee member.
2. Appropriate clothing and footwear must be worn in the Shed; this includes close-in shoes (with steel toe caps if you have them) and no loose clothing that might get caught in machinery.
3. Appropriate safety equipment must be worn for the particular task being undertaken. Stop and assess what you need before commencing work (e.g. eye protection, ear muffs, welding helmet, gloves, facemask, apron, etc.).
4. **Before** using dangerous equipment you must have passed the JMS Training & Accreditation process.
5. To enter workshop areas, every Shedder must be a financial member and have undergone the JMS Basic Induction Process as a minimum requirement.
6. **Name badges MUST be worn at all times when in the Shed.**
7. 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.
8. 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.

**Please 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.)”**

**Joondalup Men’s Shed, Winton Rd – Basic Induction** 

**All Shedders must complete this Basic Induction BEFORE using any machinery.**

* **The Joondalup Men’s Shed, Winton Rd** is open from approximately 7:30 am till 2:00 pm each weekday (including school holidays). It is **not** open on weekends for work by Ordinary Members.
* A rostered **JMS Shed Supervisor** runs the Shed on a day-to-day basis. **They** will make the major decisions about how the Shed runs on that day. Consistency is achieved by all Shed Supervisors using the same procedure documents.
* All **Shedders and Visitors** are required to **sign in** at the front desk upon arrival and **sign out** when leaving. In the event of a building emergency requiring evacuation, this record will be used to identify those in the building at that time. Please record your Member Number, which is printed on your ID card, so we can use the information you provide elsewhere in this form to contact the relevant people in case of an emergency.
* **All Shedders MUST wear their ID card when on the premises.** Visitors will be issued with a visitor’s card - these are provided in the office.
* **Minimum dress standards apply.** Every Shedder must wear **at least** closed-in shoes, shorts and a short-sleeved shirt. The use of certain items of equipment may require you to wear more extensive or special protective clothing, ear protection, safety glasses, etc. These requirements will be detailed in the accreditation training for each item.
* All Shedders are reminded of the rules regarding **Drugs, Alcohol, Smoking and General Behavior** as per the **JMS Rules of Association** and agreed to on the membership form.
* **Tea and coffee** facilities are provided in the central meeting room.
* All Shedders are responsible for the security of any belongings they may bring to the Shed.
* **A building layout** is displayed on the social room noticeboard for your information.
* **Toilet facilities** are available as shown on the building layout.
* **Fire Extinguishers** are provided at locations indicated on the building layout.
* **A First Aid Kit** and a **Defibrillator Unit** are located in the ‘Board Room’. **All** first aid matters are to be directed through the on-duty Shed Supervisor.
* **Emergency phone numbers** are on the notice board at the front entry desk.
* **Fire Hose Reels** are located around the buildings as shown on the building layout.
* **Emergency exits** are signed in each workshop – these must be kept free of any obstruction.
* A designated **Muster Area** is located as per the plan on the front desk notice board. If there is a need to evacuate the Shed (e.g. in case of fire) you should alert others near you, shut off any working equipment and move quickly to the external **Muster Area**.
* All Shedders have a ”**Duty of Care”** to each other. If you see a hazard you must take all reasonable steps to warn others, report it to the **on-duty Shed Supervisor** and ensure that warning signs are put in place or other appropriate action is taken. Details of the problem or incident will be logged by the Shed Supervisor.
* Shedders who want to use **“High Risk” equipment** must participate in accreditation training on the item. Their accreditation will be recorded on a database to be accessed by the **on-duty Shed Supervisor** if required. Hand tools such as hammers, saws, files, etc. are not considered high risk but care still needs to be taken with these types of items.
* The Shed Supervisor will keep a record of Specialist Advisers in the use of any particularly complex machinery.
* Any equipment found to be faulty, such that it should not be used, is to be reported to the Shed Supervisor who will tag the item with an **“OUT OF SERVICE”** sign, log the fault and arrange repairs. Any equipment marked in this way **MUST NOT BE USED** until it is repaired.
* An **inflammable substances** cabinet is located in the paint shop storeroom. Material Safety Data Sheets (MSDS) are available for all contained materials. See notice board.
* It is expected that you will leave work areas and machinery neat & tidy and better than you found them, if possible.
* General rubbish should be placed in the bins provided. Large waste material should be placed in the skip-bins in front of the buildings, as shown on the Building Plan. All rubbish that can be crushed (e.g. cardboard cartons) should be before disposal.
* Any disputes between Shedders are to be resolved using the **Dispute Resolution Process** prescribed in the **JMS Rules of Association** (which is recommended reading).
* The Shed has extensive CCTV cameras and any incidents (including theft, accidents or physical abuse) should be immediately reported to the office where the CCTV recordings can be viewed.
* Please place all aluminium drink cans in the provided containers - the JMS is a registered collection point and we get paid for recycled cans and other nominated containers.
* **Please note** - it is expected that all able members will participate in **JMS Fund Raising** during the year (e.g. making toys, market days, off-site sausage sizzles, etc.).

 **Shedders Name** ………………….……...……………… **Signature** ……………….……………………….. **Date / /**

 **Member No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Induction by** ……………………….….…..…….……… **Signature** ……………….…….…..…………….. **Date / /**

 **Member No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**