

**ROLE TITLE:** Tourism Volunteer

**DEPARTMENT:** Economic Development & Growth

**PURPOSE OF THE ROLE:** *Brief statement explaining the roles overall objective*

*The purpose of the role our Tourism Volunteer is to assist Council staff in promoting the Coonamble Local Government Area (LGA) as a destination of choice, and the Museum Under the Bridge as an attraction*

**MAIN ROLE RESPONSIBILITIES:** *Brief description of each responsibility*

- *Staff the Visitor Information Centre and/or the Museum Under the Bridge being the first point of contact for Coonamble's visitors and patrons of the Museum.*
- *Assist in the day to day operations of the Visitor Information Centre and/or the Museum Under the Bridge.*
- *Customer Service, attending to telephone and counter enquiries from internal and external customers in a prompt, professional and courteous manner, and refer non-visitor enquiries to the appropriate department.*
- *Project a professional public image by being courteous and dealing effectively with the public*
- *Following the opening and closing check lists for the Visitor Information Centre and/or the Museum Under the Bridge.*
- *Effectively communicate with tourism operators, visitors to the Visitor Information Centre, patrons of the Museum Under the Bridge, other staff and volunteers.*
- *Assist with the processing of payments and receipting.*
- *Collect accurate and detailed statistical information as required.*
- *Assist with the souvenir and local merchandise sales, cash handling, processing transactions and brochure coordination at the Coonamble Visitor Information Centre.*
- *Assist with the maintenance of displays, updating of exhibits and recording of the collection at the Museum Under the Bridge.*
- *Adhere to Coonamble Shire Council Procedures and Code of Conduct.*

<b>ATTRIBUTES</b>	<b>ESSENTIAL</b>
<b>Job Specific Qualifications &amp; Skills</b>	<ul style="list-style-type: none"> <li>• <i>A passion for, and some knowledge of, the Coonamble LGA.</i></li> <li>• <i>Excellent communication and customer service skills in order to provide outstanding customer service to both visitors to the Center, by email and by telephone.</i></li> <li>• <i>Good written and oral communication skills, in dealing with visitors and other team members.</i></li> </ul>
<b>Non- Job Specific Qualifications &amp; Skills</b>	<ul style="list-style-type: none"> <li>• <i>The ability to safely participate in the duties and responsibilities of the role.</i></li> </ul>
<b>ATTRIBUTES</b>	<b>ESSENTIAL</b>
<b>Other requirements</b>	

<b>Approval:</b>	
Agreement by Volunteer:	Date: _____
Requested by Manager:	Date: _____
Dept. Executive Leader Approval:	Date: _____





**DECLARATION**

Please read each statement carefully, to acknowledge your understanding please tick the appropriate box and sign after each statement.

I have notified the Council of any relevant medical conditions and pre-existing injuries, and I consent to the Council staff authorising such treatment as necessary and accept responsibility for all associated expenses.

YES                       NO                      SIGNITURE: .....

I am a volunteer and not an employee of the Coonamble Shire Council.

YES                       NO                      SIGNITURE: .....

I will not consume or store alcohol or illicit drugs while volunteering for Council.

YES                       NO                      SIGNITURE: .....

I shall respect the rights, feelings and property of all volunteers and staff.

YES                       NO                      SIGNITURE: .....

I shall cooperate with Council and staff to ensure all policies and procedures are adhered to.

YES                       NO                      SIGNITURE: .....

My placement at ..... is at the discretion of the Council.

YES                       NO                      SIGNITURE: .....

I understand that failure to comply with any of these conditions may result in the General Manager or Executive Leader to terminate my service as a volunteer worker at any time without notice.

YES                       NO                      SIGNITURE: .....

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**Office Use Only**

Date Application received: .....

Is a Working with Children's Check (WWC) required? (*Tick appropriate*)  Yes  No

WWC Number: .....                      Expiry: .....

Date Checked: .....                      Volunteer Supervisor: .....

Recommended for Volunteer Work?     Yes                       No

Comments:.....  
.....  
.....

For any pre-existing medical conditions, allergies or past injuries the following questions need to be declared to Council.

**1) Please provide more information on the condition:** *E.g. – How serious is the condition? What are the symptoms? What aggravates the condition? How often do episodes occur? When was the most recent episode?*

**2) Based on the response to question 1, how might the declared condition affect participation?** *E.g. – What other relevant activities does the volunteer undertake on regular basis?*

**3) What is the management plan to minimise the likelihood of aggravating the declared condition?** *E.g. – Medication to be taken to, avoid triggers, rotate activities, carer to accompany volunteer. If unsure, please consult Training & WHS Coordinator - a Doctor's Certificate may be necessary.*

**4) What is the Emergency Management Plan?** *E.g. – Seek medical attention or administer medication. How quickly do these need to be undertaken?*

**Volunteer**

**Signature:** ..... **Date:** .....