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# SYN Membership Form – Volunteers

Volunteering is open to people aged 12-25 who are active SYN Members. Being a member gives you opportunities to participate in SYN's training, media making and behind-the-scenes activities.

By being a financial member of SYN, you get to have a say in how the organisation is governed by voting in the Board of Management at our Annual General Meeting every year.

Become a member and be part of the SYN community. *Please print your responses clearly.*

## Contact Details

First Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

## Information About You

Date of Birth (DD/MM/YY): \_\_\_\_\_ Place of Study: \_\_\_\_\_  
(leave blank if you are not currently studying)

Gender (tick):  Male  Female  Intersex Level of Study: \_\_\_\_\_  
 Transgender  Gender neutral (eg. Grade 6, Year 10, Undergraduate)

Do you identify as being culturally and linguistically diverse?  Yes  No Have you been involved in Schools on Air, Radio Tours or any of SYN's other media learning programs?  Yes  No  
*(excludes TV and screen, and radio training)*

## Emergency Contact Details

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

## Membership (please tick)

- \$5 Under 18 / RMIT Student
- \$15 Concession
- \$25 Full

I would like to make a donation of: \$ \_\_\_\_\_  
(donations of \$2 or more are tax-deductible)

## Payment Details

- I have attached a cheque / money order (payable to Student Youth Network Inc.)
- Cash
- Direct Deposit

### OFFICE USE ONLY

Taken by: \_\_\_\_\_ Date: \_\_\_\_\_

Tick:  Membership Database

Membership Number: \_\_\_\_\_

Paid?(Circle) Yes / No

Volunteer & eNews mailing list

Membership Number Sent: \_\_\_\_\_

(Circle) New Membership / Renewing

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

## SYN Media Volunteer Agreement

Please read the following terms of the SYN Media Volunteer Agreement very CAREFULLY before you agree. All SYN volunteers are bound by these conditions, which are set in place for strict legal and managerial reasons. If these terms are broken the consequences will negatively affect you and other SYN staff and volunteers.

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|--|---|
| <ol style="list-style-type: none"><li>1. I will comply with all codes, regulations, policies, procedures and legislation relevant to SYN and community broadcasting stations, and undertake to read and comply with any policies and procedures that are communicated to me.</li><li>2. I accept responsibility for the content of my program or activity, and I agree to comply with media law requirements including defamation, contempt of court, copyright and anti-discrimination laws as communicated to me in writing.</li><li>3. I recognise that in addition to SYN, under law I may also be liable for actions, suits, claims, losses and/or damages as a result of my comments or conduct on-air (OR I accept personal liability for any insurance policy excess payable by the station as a result of my comments or conduct on-air).</li><li>4. I agree to accept directions and decisions made by the management of SYN on: program content, including Sponsorship Announcements, presentation and technical quality, on-air conduct, access to station premises, use of station equipment and property, strategic planning, risk management and Occupational Health and Safety.</li><li>5. I will comply with any reasonable changes in broadcast times as required by management.</li><li>6. In relation to the transmission of my radio or TV program I agree to:<ul style="list-style-type: none"><li>• Be at the relevant studios, ready to broadcast my program at the time nominated by the relevant Producer or Department Manager; or</li><li>• Provide a SYN-trained replacement volunteer approved by management if required; or</li><li>• Provide a pre-recorded program (radio only) at least three hours before broadcast time and arrange for a SYN-trained replacement volunteer to facilitate its broadcast.</li></ul></li></ol> | <ol style="list-style-type: none"><li>7. I will inform management, within 48 hours, of any complaint concerning my program or any incidents that might lead to a complaint.</li><li>8. I accept that SYN will take every care with recorded material left by me at SYN's premises, but cannot accept any responsibility for loss or damage.</li><li>9. I will treat other volunteers, guests of SYN, staff, management and SYN partner organisations with consideration and respect. I will not, without the prior approval from management, comment publicly on the operation of SYN or of any staff member or volunteer or of SYN's partner organisations.</li><li>10. I will treat SYN and SYN partner organisations' equipment, facilities and property carefully. I will use said equipment and facilities for the production of my program and for no other purpose without the prior consent of management. I will not remove said equipment or property on any occasion without first having permission from management.</li><li>11. I will not make commercial representations on behalf of SYN or SYN's partner organisations to any person or organisation without prior written authority from the Board.</li><li>12. I will adhere to SYN procedures and Management directives when participating in activities at SYN. I will not compromise the efficiency and professional face of SYN by approaching or contacting record labels, promoters, artists or potential interviewees without the consent or involvement of SYN Talks and Music Departments.</li><li>13. I agree that a breach of the above listed conditions may result in the suspension of my volunteer rights and may, in some situations, lead to the termination of my volunteer rights. I acknowledge SYN's grievance procedures as the appropriate revenue for conflict resolution.</li></ol> |
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## SYN Code of Ethics and Confidentiality Agreement

All members of the Board of Management, paid workers and volunteers involved with SYN have the following responsibilities and obligations:

1. To demonstrate their commitment to the philosophy and aims of SYN;
2. To be accountable to the SYN membership - as well as to the wider community, taxpayers, and any funding bodies - for their work with SYN;
3. To act as enablers (not rescuers) and to draw on their own personal qualities and life experiences;
4. To respect and uphold the rights (in particular, the confidentiality) of SYN members as well as their own colleagues;
5. To advocate for SYN as well as their own organisations when necessary with other individuals, agencies and organisations in a manner consistent with SYN policy and practice.

Collectively, the above responsibilities and obligations embody the Code of Ethics that underpins the service provision of SYN.

As a committee member / paid worker / volunteer (*circle applicable*) with SYN, I agree to abide by the above Code of Ethics and Volunteer Agreement.

I further agree that all information of a personal or confidential nature which may come to my attention during my work with SYN will only be discussed with or disclosed to appropriate colleagues/ members SYN or members of affiliates or professions as determined by SYN's written policies and associated membership/practice guidelines - within the confines of official meetings, professional supervision or training sessions (unless it affects the immediate safety of an individual, or should a court of law order any of it to be disclosed); and that, in addition, all such information will remain confidential following subsequent termination of my work in any capacity with SYN.

I \_\_\_\_\_ have read the above regulations and guidelines of being a volunteer of SYN Media. I will conduct myself in a manner that shall not break any of the above regulations or guidelines of SYN. I understand that I am liable under workplace insurance only if I am a current financial member of the Student Youth Network Inc.

Signed; \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

## UNDER 18s ONLY: Parent or Guardian Permission

I give permission for my son/daughter to participate in the Student Youth Network Inc. volunteer activities and agree not to hold the organisation and/or the directors responsible for losses, injury or accidents en route to and from SYN events or offices.

This is to certify that the bearer of this form has the permission of the undersigned to authorise necessary emergency medical care by attending physician or others he or she may choose in the event of accidental injury, ingestion or illness. The undersigned accepts all financial responsibility for necessary treatment and services. I further give the Student Youth Network Inc. permission to take my child to the doctor or hospital for emergency medical treatment.

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian's Full Name)