

## 5.4 Volunteer Registration Form

To be completed by volunteers

Name			
Address			
Contact Details			
Being a member of			
The purpose of the Committee is			
For the period from		<b>to</b>	
<b>As a volunteer the following conditions apply:</b>			
<input type="checkbox"/>	No payment will be made to you.		
<input type="checkbox"/>	The task you have volunteers for is:	•	
<input type="checkbox"/>	Your Event Manager / Liaison Office is:	•	
<input type="checkbox"/>	Only while you are assisting the Committee in the above mentioned clearly defined activity, and while your assistance is approved / controlled and / or known by the Committee, you will be cover for the Public Liability Insurance.		
<input type="checkbox"/>	Should any injury occur to you while you are acting as a volunteer of Council you must notify your Project Manager immediately, or as soon as practicable.		
<input type="checkbox"/>	Any incident, which occurs in which injury or property damage to other parties may arise, must be reported immediately or as soon as practicable to your Event manager / Liaison Officer.		
<input type="checkbox"/>	Under the terms of the Occupational Health and Safety Act 1985, you must follow all established practices, procedures and instructions of the Committee which apply to the tasks you have volunteered to perform.		
<input type="checkbox"/>	You are expected to perform the task you have volunteered to perform with all due care, skill and diligence.		
<input type="checkbox"/>	I confirm that I have read and understand the above-mentioned conditions.		
<b>Volunteer Signature</b>		<b>Date</b>	
<b>Event Manager Signature</b>		<b>Date</b>	

**Use of Private Car for Holiday Program Excursion**

I \_\_\_\_\_ authorize my child/ren \_\_\_\_\_  
to travel in a private vehicle for the purpose of Holiday excursion, and accept all liability.

Signature \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_