

To be completed by volunteer -

Name: _____

Address: _____

Volunteer group/area: _____

Relevant skills/licence/experience: _____
(please list and provide copies) _____

Emergency contact details: _____

Relevant medical/physical restriction: _____

As a volunteer of the Council the following conditions apply:

1. No payment will be made to you by Council.
2. Your volunteer Council Supervisor / Liaison Officer is the "Coordinator Recreation Liaison".
3. The task you have volunteered for is works utilising demonstrated skills under the direct supervision of the Committee of Management and/or suitably qualified tradesperson. You are not permitted to use any industrial power tool that requires the qualified skill of a tradesperson. You are permitted to use small hand held power tools.
4. Only whilst you are assisting Council in the above mentioned clearly defined Council business activity and while your assistance is approved/controlled and/or known by Council, you will be covered for Public Liability Insurance.
5. While acting as a volunteer, a limited personal accident insurance cover will be provided by Council subject to the terms and conditions of the policy. Council retains ownership of the policy and retains discretion in terms of any benefits payable under the policy. Volunteers are not covered by a Workcover policy.
6. Should any injury occur to you while you are acting as a volunteer of Council you must notify your Supervisor/Liaison Officer immediately, or as soon as practicable.
7. 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 Council Supervisor/Liaison Officer.
8. Under the terms of the Occupational Health & Safety Act 2004, you must follow all established practices, procedures and instructions of Council which apply to the tasks you have volunteered to perform. You will be required to complete the Volunteer OH&S Induction when requested.
9. You are expected to perform the task you have volunteered to perform with all due care and skill.

I confirm that I have read and understand the abovementioned conditions on this registration sheet prior to signing it.

SIGNED: _____ DATE: _____

This completed form is to be returned to the Council Supervisor/Liaison Officer.