## **Volunteer Registration Form**



Name:						
Address:						
Phone:						
Email:						
Emergency Contact Details:		Name:	Phone:			
Committee / Group you are volunteering for						
Council supervisor						
I acknowledge and accept that the following conditions apply to my volunteer engagement with the Northern Midlands Council:						
1.	No payment will be made to me by Council for the time spent volunteering.					
2.	I have received, read, and understood the Northern Midlands Council Volunteer Handbook and agree to act in accordance with these guidelines at all times when volunteering.					
3.	I am expected to perform the task/s I have volunteered to perform with all due care, skill, and diligence.					
4.	I must only operate machinery and equipment (where applicable) that I am trained and certified to operate, and use required Personal Protective Equipment at all times					
5.	Under the Work Health and Safety Act 2012, I must follow all established practices, procedures and instructions of Council which apply to the tasks I have volunteered to perform, including compliance with the Northern Midlands Council Volunteer Handbook and Policies.					
6.	Should an incident, injury or property damage occur while I am acting as a volunteer of Council I must notify my Council Supervisor or the Work Health and Safety Officer immediately, or as soon as practicable, and complete an Incident Form.					
7.	Do you have any me	dical condition that may affect your	volunteer work? Yes No			
	If yes, please specify	:				
8.	Do you have your ov	vn transport?	Yes No			
9.	I have a current driv	er's licence (please provide copy)	Yes No			

10.	I have Comprehensive M	lotor Vehicle Insurance Cover		Yes	No	ı		
11.	I am registered as Worki	ng with Vulnerable People (plea	se provide copy)	Yes	No	1		
12.	I have completed a Volu	nteer Induction (online or face t	o face)	Yes	No	ı		
By signing this form, I acknowledge that I have reviewed, read and understood its contents and the contents of the Northern Midlands Council Volunteer Handbook and agree to abide by the conditions outlined therein.								
Signa	iture: _					-		
Date	: _					-		
Coun	cil Supervisor Signature:					-		
Date								