## CITY OF BELMONT Environmental Volunteer Registration Form

Thank you for volunteering with the City of Belmont. All details you provide will remain private and confidential and used only for volunteering purposes.

Personal Details										
Title:		Name	s:							
Postal address:										
Suburb:						Pos	stcode:			
Phone 1:				Phone 2:						
Email address: Please print clearly										
Emergency Contact Name and Relationship:		ct	Phone:							
Do you have a <b>medical condition</b> or <b>a life-threatening illness</b> which <b>may</b> affect your voluntary work?										
Yes No No										
If "Yes", please advise your supervisor on the day and describe your condition:										

Environment Date: 22/11/23

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DECLARATION  Tick box when completed									
I will co-operate with the Supervisor/Volunteer Coordinator to ensure a safe, healthy and hygienic team environment. I shall respect the rights, feelings and property of all others associated with my volunteer work.									
I will not consume or store alcohol or illicit drugs while working voluntarily on site. I will only smoke in designated smoking areas as specified by the City of Belmont.									
I agree to maintain the highest standards of confidentiality with respect to any information obtained during the course of my volunteer work.									
I understand my volunteer activity and will undertake an Induction prior to commencement. I understand that I am only covered by City of Belmont volunteer insurance while performing the specified volunteer task.									
I hereby give the City of Belmont and its officer's permission to take photographs or recordings of me, in which I may be involved with others, for the purpose of promoting the City of Belmont and its activities and discharge the City of Belmont from any and all claims arising out of the use of photographs and recordings.									
I have read and signed this document fully understanding its content. I declare that the information contained in this application is true and correct.									
Volunteer's Signature:		Date	'						
For Volunteers under 18 years of age.									
Parent/Guardian's Name: Signature: Phone number:		Date							

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