



To be completed on the day of the activity

REGISTRATION	
Being a member of the Friends of:	
Knox City Council offers its thanks to you for offering your services as a volunteer, on	
Day:	Date:
Our activity will be:	
The Activities Leader/ Council Officer is:	
<p>As a volunteer of Council, the following conditions apply:</p> <ol style="list-style-type: none"> 1. No payment will be made to you by Council. 2. Only while you are assisting Council in the abovementioned clearly defined Council business activity, and while your assistance is approved/controlled and/or known by Council, will you be covered for Public Liability Insurance. 3. While acting as a volunteer, a limited personal accident insurance cover will be affected 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. 4. Should any injury occur to you while you are acting as a volunteer of Council, you must notify your Activities Leader immediately, or as soon as possible. 5. 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 Activities Leader. 6. Under the terms of the Occupational Health and Safety Act 2004, you must follow all established practices, procedures and instructions of Council which apply to the tasks you have volunteered to perform. 7. You are expected to perform the task you have volunteered to perform with all due care, skill and diligence. 	

The personal information requested is being collected by Council for public liability coverage and may be used to distribute information relevant to Friend Group activities or environmental programs organised by Council. This information will be used solely by Council for that primary purpose or directly related purposes.

The applicant understands that the personal information provided is for the above purpose and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and or correction should be made to James Rose, Bushland Management Team Leader.

I confirm that I have read and understand the abovementioned conditions on this information sheet prior to signing it.
Children under 18 need to be registered with parents/guardians signature.

NAME	SIGNATURE	EMAIL	TIME
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			OUT:
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Total Number of Volunteers:		Total Number of Hours:	