



VOLUNTEERING

Become a volunteer today

Personal details

Full name: _____

Current residential address: _____

Daytime contact number: _____

Email address: _____

Who to contact in an emergency

Emergency contact name: _____

Emergency contact number: _____

Volunteer location: Casino Visitor Information Centre (Tourism)

Your interests and background:

Availability – Hours and Days: _____

Your volunteering requirements

Do you have your own transport? Yes No

Do you have a current driver license? Yes No

Do you have comprehensive motor vehicle insurance cover? Yes No

Do you have any pre-existing medical conditions or special needs which may affect the type of work you do as a volunteer? Yes No

If yes, please outline condition/s and restriction on work: _____

Name and phone number of two referees: _____

As a volunteer the following conditions apply:

- No payment will be made to you by Council.
- Only while you are assisting Council in the abovementioned clearly defined volunteer role, and while your assistance is approved and/or known by Council, you may be covered for Public Liability Insurance.
- Should any incident or near miss (resulting in injury or damage to property or any other parties) occur to you while you are acting as a volunteer of Council, you must notify your Program Coordinator immediately, or as soon as practicable.

I confirm that I have read and understand the above conditions.

Signature: _____ **Date:** _____

Completed forms can be posted or emailed to:
Workplace Relations
Richmond Valley Council
Locked Bag 10
Casino NSW 2470

email: tourism@richmondvalley.nsw.gov.au
phone: 6660 0300