

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: Evans Head Visitor Information Centre (Tourism) Your interests and background:	
Availability – Hours and Days:	
Your volunteering requirements	П.,
Do you have your own transport? Do you have a current driver license? Ye	
Do you have comprehensive motor vehicle insurance cover?	
Do you have any pre-existing medical conditions or special needs which may affect the type of work you do as a volunteer?	
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 voluntiand/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 an as a volunteer of Council, you must notify your Program Coordinator immediately 	nteer role, and while your assistance is approved y other parties) occur to you while you are acting
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