

## **CITY EVENTS**

### **VOLUNTEER REGISTRATION FORM**



#### **City Events Volunteer Program**

Volunteers are an essential and valued part of many organisations. For Fraser Coast Regional Council, volunteers play an important and vital role in assisting with the provision of community events for the public to enjoy.

#### **OBJECTIVES**

The objectives of the City Events Volunteer Program are:

- To maximise available resources by providing assistance to the City Events Coordinator in implementing community event programs.
- To encourage volunteers to extend their knowledge and expertise through practical experience within City Events and Fraser Coast Regional Council.

# **FRASER COAST REGIONAL COUNCIL**

## **Volunteer Agreement**

We appreciate your offer of assistance as a festival volunteer for City Events and Fraser Coast Regional Council and hope your experiences are both interesting and rewarding. Prior to commencement we ask that you fill in the following details for our records. We also wish to make you aware of certain rules and conditions that we expect event volunteers to comply with, these are listed below and we would appreciate your agreement (by signature) with these rules and conditions.

**NAME:**

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I agree to comply with the following rules and conditions pertaining to my role as volunteer for Fraser Coast Regional Council.

- (i) I am directly responsible to the **City Events Coordinator**, City Events and Fraser Coast Regional Council.
- (ii) Volunteers between eighteen (18 yrs) of age and sixty (60yrs) of age are covered by councils public liability and personal accident voluntary workers insurance in the normal course of duty.
- (iii) I will fulfil a commitment to my volunteer employment hours as mutually agreed upon and set down in the City Events Volunteer Roster. If I am unable to meet this commitment, I shall notify City Events Coordinator at least **two weeks in advance**. If an illness or emergency situation arises prior to an event, I will contact FCRC Staff as soon as possible.
- (iv) I will perform useful work of an appropriate quality.
- (v) I will maintain confidentiality and observe the appropriate procedures as set out in Councils Code of Conduct.
- (vi) I agree to be courteous to other volunteer members and the general public.
- (vii) I shall maintain a neat appearance appropriate to the work performed.
- (viii) I will ensure that WHS legislation standards are adhered to in the process of fulfilling my volunteer role.

**SIGNED:**

**DATE:**

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**(Applicant's Signature)**

**WITNESSED:**

**DATE:**

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**(HBCS Staff Signature and Position)**

## **Volunteer Staff Emergency Contact Information**

This information is strictly confidential and is for the use of the responsible staff person in attendance in the event of an emergency. Please supply as much information as possible.

PLEASE PRINT CLEARLY

**TITLE:** \_\_\_\_\_ **SURNAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

**GENDER:** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE (HOME):** \_\_\_\_\_ **PHONE (WORK):** \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_

**EMERGENCY CONTACT ADDRESS:** \_\_\_\_\_

**EMERGENCY CONTACT PHONE:** \_\_\_\_\_

**PLEASE LIST ANY MEDICAL CONDITIONS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VOLUNTEER START DATE:** \_\_\_\_\_

**VOLUNTEER FINISH DATE:** \_\_\_\_\_

**INDUCTION** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\_\_\_\_\_

**ENDORSED**            **YES/NO**

**CITY EVENTS COORDINATOR**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_