Section 355 Committee

Volunteer or Committee Member

REGISTRATION FORM

This form is to be completed for application to participate in Volunteer Work and/or Registration and Declaration of an appointed s.355 Committee Member.

DETAILS (Block Letters)

Surname: _____ Ms/Mrs/Miss/Mr _____

First Name: _____ Other Name/s: _____

Home Address: _____ Post Code: _____

Postal Address: _____ Post Code: _____

Contact details: Email: _____

Mobile: _____ Other: _____

In Case of Emergency , Contact: _____ Telephone: _____

What s355 Committee of Council are you registering for? _____

Are you a Volunteer or appointed Committee Member? _____

Go to next page for declarations

DECLARATIONS

Privacy and Personal Information Protection Act 1998:

I acknowledge that:

- the personal information provided in this application is collected for the purpose of this form
- access is limited to use by Council employees and other authorised persons
- supply of the personal information is voluntarily supplied, and non-supply may cause delay or inability to proceed in the processing of this form
- the personal information will be stored in Councils records system

Code of Conduct

I agree, when carrying out my duties as a Committee member, to comply with the code of conduct

Signature: _____ Date: _____

Special Needs:

Q: Do you have any known medical condition, which the Council will need to accommodate?

Yes ☐ No ☐

If so, please give details: ……..

Volunteers Statement:

I understand, acknowledge and certify that:

- Council will cover all volunteer workers against workplace injury or work-related illness
- no payment will be made for work performed as a volunteer worker and I state that I will not take any action against Council in the future to seek payment for voluntary work performed
- all answers and statements contained in this application form and any attachments thereto are true and complete to the best of my knowledge
- should I provide untruthful or misleading information, this application may be rejected or my voluntary employment with Council subsequently terminated.
- Council will need to comply with the Child Protection Act where volunteers are working in areas where children are present.

Signature: _____ Date: _____

Please provide contact details of two (2) referees you authorise Council to contact, if required.

Name:	Telephone:
Name:	Telephone:

Thank you for applying to be a volunteer with Hilltops Council.