



Volunteer Application Form

Harbour Care Program

The following information is needed to process your volunteer application and to ensure we cover you under our insurance policy, as well as offer you appropriate support services.

*The information we receive from you will be kept confidential in line with our Privacy Policy. Please complete and return to Environmental Education Officer at 536 New South Head Road, Double Bay in person or by mail to PO Box 61, Double Bay 1360.
Email: sustainability@woollahra.nsw.gov.au.*

Applicant Name:		
Address:		
Phone Number:	(h)	(m)
Email:		
Emergency Contact:		Ph:
Relationship to you:		
Volunteering role:		
Location:		
Reports to:		
Hours volunteered (approximate/week):		
Activities:	<p>As a volunteer for the Harbour Care program, the following conditions apply to me:</p> <ul style="list-style-type: none"> • I understand my legal obligations and the conditions under which I volunteer, as outlined in Council’s Volunteer Policy. No payment will be made to me by Council other than pre-approved out of pocket expenses. • I understand that it is only while I am assisting Council in the aforementioned volunteer role and my assistance continues to be approved and known to Council, that I may be covered by Public Liability Insurance. • Subject to the terms of either Council’s Volunteer Policy, I understand that I may be covered by a limited Council personal accident insurance while I am acting as a volunteer in the aforementioned volunteer role under a Council-approved volunteer program. 	

	Obligations: <ul style="list-style-type: none"> • Should any near miss or incident, injury or accident occur resulting in injury or damage to me, to property or to any other party while I am acting as a volunteer of Council, I will notify my nominated Council officer immediately or as soon as practical. • I confirm that I am physically fit to perform the stated volunteer role and agree to inform Council if my health circumstances change. • Young people under 16 years of age must be accompanied by a parent or guardian to undertake the role 	
Key Activities:		
I confirm that I have read and understood the conditions as outlined in Council's Volunteer Policy.	Signature:	
	Date:	

Signature of Parent or Guardian if person is under 16 years: _____

Date: _____