

Community Wellbeing 02 6655 7300 PO Box 117 Bellingen NSW 2454 Fax 02 6655 2310 | ABN 26 066 993 265 council@bellingen.nsw.gov.au | www.bellingen.nsw.gov.au

Section 355 Committee Member/Volunteer Application Form

Volunteer Details							
Preferred Title	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐						
Surname	Given Name/s						
Postal Address							
Telephone	Mobile						
Facsimile	Email						
(this information is requ	ne ages of 18 and 90? If no, Age If no, Age The rent driver's licence? Yes No Licence No						
Do you have any physical or medical limitations or are you on any medication or under any course of treatment							
which might limit your ability to perform certain types of activities? Yes \(\square\$ No \(\square\$							
If yes, please describe							
How did you hear about Council's Volunteer Program? Advertising BSC Website Referral from BSC Volunteer Referral from Family / Friend / Relative Dother							

Section 355 Committee Member/Volunteer Registration Form

Emergency Contact Details							
Contact Surname			en /s				
Address							
Telephone			Mobile				
Facsimile			Email				
Relationship to you							
A4. Volunteer's Declaration							
I certify that the information I have provided is true and correct. I understand and agree to the following conditions of volunteering as a Section 355 Committee Member/Volunteer:							
No payment will be made to me by Bellingen Shire Council.							
 Only when I am assisting Council in a clearly defined volunteer capacity which is approved by Council, will I be covered for Public Liability Insurance. 							
3. Should any incident or near miss (resulting in injury or damage to property or other parties) occur while I am acting as a volunteer of Council, I will notify my supervisor immediately.							
 Bellingen Shire Council will not cover costs incurred by volunteers driving private vehicles. Comprehensive car insurance is recommended. 							
5. I understand that Council can terminate this arrangement without notice if the need for the work no longer exists or the provisions of the Volunteer Policy are not adhered to.							
	ee Member Name (please print)						
Committee Member Signature				Date			
Prograi	m Manager Name (please print)						
Program M	lanager Signature			Date			

IMPORTANT NOTICE:

Council will not disclose your personal information beyond the relevant officers of Council unless required by law or you have given your consent. However, in some circumstances we may need to disclose some personal information to relevant Council committees. By completing and signing this registration form you are giving consent to Council to manage your personal information in the manner described.