



ACT
Government

Transport Canberra
and City Services

Volunteer Registration Form URBAN OPEN SPACE VOLUNTEERS

PERSONAL DETAILS

First Name:	Last Name:
Phone Number:	Email Address:
Postal Address:	Date of Birth (for insurance purposes only):
Are you a member of an incorporated organisation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name of organisation:	

QUALIFICATIONS

Do you hold a current first aid certificate (yes/no)	Expiry date of first aid certificate
Working with Vulnerable People Card (yes/no)	Expiry Date and ID of Working with Vulnerable People Check
Do you hold ChemCert AQF3 (yes/no)	Expiry date and ID ChemCert AQF3

EMERGENCY CONTACT DETAILS

Name:	Relationship:
Phone 1:	Phone 2:

MEDICAL INFORMATION

Do you have any existing medical conditions that might affect your ability to carry out certain volunteering tasks? If yes, please provide details separately to TCCS and advise the convenor of your group.

Yes No

PROVIDE NAME OF VOLUNTEER GROUP/S YOU WOULD LIKE TO JOIN

Group Name 1: CCA Park Care	Group Name 2:
Volunteer Registration Date:	

By signing this form, I agree to abide by the interim 2018 ACT Parks and Conservation Volunteer Policy and Volunteer Code of Conduct. I confirm that I am physically fit to undertake land management volunteer activities and that I will undertake tasks as per the approved scope of works for the volunteer work site.

Signed: Date:.....

PRIVACY STATEMENT: TCCS is collecting the information in this form in accordance with the *Territory Records Act 2002* for the purposes of assessing your eligibility to participate in a TCCS endorsed volunteer program.

TCCS will only disclose your personal information that is required to administer the delivery of the volunteer program that you have registered for. TCCS will not disclose your personal information without your consent unless required by law. A copy of the TCCS Information Privacy Policy is available on the Directorate's website.