



Volunteer registration form

www.kabc.wa.gov.au

Coordinator / Site Details

Clean-up site: _____ Date: _____

Site Coordinator's name: _____

PLEASE READ BEFORE SIGNING:

The participant (signed below) agrees that:

- They are covered under Keep Australia Beautiful Council's personal accident and public liability insurance policy for volunteers only during the time they are signed on for the activity and on the date given above.
- Keep Australia Beautiful will not be liable for: any acts or omissions, negligence or fault of any person participating in the activity; any loss or damage to property owned by, or in the possession of the participant.
- The participant is only covered by KABC WA insurance if all details below are true and correct.

Please note: Parents / Guardians must accompany and sign this form on behalf of any children under 16 years of age.

Volunteer Details

Surname: _____ Given names: _____

Male Female

Date of birth: _____

Are you over 16 years of age? Y / N *If no, please make sure your parent/guardian signs below.*

Address: _____ Suburb: _____ PC: _____

Telephone: _____ Email: _____

Emergency contact person: _____ Contact phone: _____

Which of the following best describes your main usual activity?

- Full time or self-employment Student Unemployed International visitor *
 Part time Employment Full time home duties Retired Interstate visitor

* Overseas visitors are not covered by KABC insurance. A copy of their travel insurance is to be attached to this form.

Do you have any medical conditions, allergies, disabilities or past or present injuries that may affect your participation (eg back injury)? Y / N

Details: _____

I declare that I am in good mental and physical fitness and know of no physical disorder which should keep me from participating in this activity.

Signed: _____ Date: _____