



MCPAI

Maryborough City Progress Association Inc.
Positive Promotion & Progression for Business & Community

VOLUNTEER AGREEMENT FORM

VOLUNTEER DETAILS

Surname/Family Name: _____

First/Given Name: _____

Address: _____

E-mail: _____

Phone: _____

Have you ever volunteered for events before? YES / NO

If "YES", when, where, and in what capacity?

What skills do you possess?

- First Aid
- Driving License
- Audio Visual
- Web Design
- Other: _____

Are you carrying a cell phone that we can use to contact you? YES / NO

If yes, what is the number? _____

Age: _____ Sex: M F

Are there any medical conditions OR personal considerations that we should be aware of?

Please specify: _____

Emergency Contact

Name: _____ Relationship: _____

Address: _____

Phone: _____ Other number: _____



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PRIVACY STATEMENT

All information collected on this form is available for administrative purposes only and will be stored in accordance with our Privacy Policy. Please ask us should you wish to view this document.

We will not disclose the contents of either your Volunteer Registration Sheet (this form) or your Volunteer Time Sheet, or any part thereof, unless acting under a good faith believe that such action is necessary to:

1. Comply with a work experience/placement requirement, a court order or other legal process
2. Protect the rights or property of **Maryborough City Progress Association Inc.**
3. Protect the interests of **Maryborough City Progress Association Inc.** members or the public

Information entered onto the Volunteer Registration Sheet (this form) and the Volunteer Time Sheet may be used after this event:

1. By the **Maryborough City Progress Association Inc.** to determine possible future placements of volunteers;
2. For the compilation of statistics on the body

PLEASE COMPLETE AND SIGN ATTACHED DECLARATION



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DECLARATION – ADULT VOLUNTEER

I, _____ (PRINT LEGAL NAME), having attained the age of 18 years old, understand that I am wholly responsible for my actions and their consequences. I understand that as a volunteer I am responsible while on duty for representing this event, and will conduct myself in an appropriate manner while doing so. I have received and read the Risk Assessment for the event and understand and accepted the associated Risks involved with Volunteering for the same. I will report any perceived or identified risks before and during the event and will keep my person safe at all times. I am aware that Maryborough City Progress Association Inc. holds current Public Liability Insurance to the value of \$20,000,000 and Volunteer Insurance Value to \$50,000 and am aware that as a Volunteer, the insurance underwriter may, at their discretion, refuse any claim made against Maryborough City Progress Association Inc, and its sub-committees.

Volunteer's Name (Please print) _____

Volunteer Signature: _____

Date: ____/____/____

DECLARATION – MINOR VOLUNTEER

I, _____ (PRINT NAME OF PARENT OR GUARDIAN), as the legal parent/guardian of _____ (PRINT LEGAL NAME OF MINOR) hereby grant the aforementioned person my permission to both attend and work as a volunteer with Maryborough City Progress Association Inc. I understand that I am wholly responsible for the actions of the aforementioned person, and the consequences thereof. I will not hold Maryborough City Progress Association Inc, nor the facilities at which the event is being held, responsible or liable for the aforementioned person's actions. I am aware that Maryborough City Progress Association Inc. holds current Public Liability Insurance to the value of \$20,000,000 and Volunteer Insurance Value to \$50,000 and am aware that as a Volunteer, the insurance underwriter may, at their discretion, refuse any claim made against Maryborough City Progress Association Inc, and its sub-committees.

Parent/Guardian/Carer Name (Please print) _____

Signature: _____

Date: ____/____/____