

## **Environmental Volunteer Program Volunteer Registration and Photo Consent**

Thank you for your interest in the Environmental Volunteer Program. It is essential that all people participating in the Environmental Volunteer Program register as volunteers for insurance purposes and to enable Council Officers to communicate with you. All sections of this form must be completed. If you are age 16 or under your parent or guardian must sign this form. All information provided on this form is confidential and is accessible by limited Council staff. When your personal circumstances change, please notify Council staff at your earliest convenience.

Personal details:		
Name: Mr / Mrs / Ms / Miss	Date:	
Address:	Postcode:	
Phone: (Home) (Mobile)		
Email:		
Date of Birth:		
Emergency contact information:		
Name: Phone:		
Medical Information:		
Do you have any medical or health conditions that may affect volunteering?	□ Yes	□ No
If yes, please give details which will be used when required to provide assistance:		
Condition:		
Management:		
Photo and Digital Consent:		
Central Coast Council uses photographs and digital footage of volunteers on a reg	gular basis t	o promote and report on
services, events and activities for both print and online media. This includes (but is	s not limited	to) website, newspaper,
newsletter, poster and social media. These images are viewed by volunteers, Cou	ıncil, the ger	neral public and
organisations that may provide funding to the Environmental Volunteer Program.	Participation	n in photography and video
recording is voluntary and not subject to financial compensation.		
I GIVE Central Coast Council permission to use and publish any image taken of M purposes (website, newspaper, newsletter, poster, video footage)	IE for promo	otional and reporting
□ Yes □ No		
AND		
I GIVE Central Coast Council permission to use and publish any image taken of mand reporting purposes (website, newspaper, newsletter, poster, video footage)	ny CHILD/CI	HILDREN for promotional
☐ Yes ☐ No ☐ Not Applicable		



## **Environmental Volunteer Program Volunteer Registration and Photo Consent**

Group membership:			
Are you currently volunteering with a group in Councils Environmental Volunteer P	rogram?	☐ Yes	□ No
If yes, which group/s do you volunteer with?			
If no, which group/s would you like to volunteer with?			
A Council Officer will provide your contact details to a group convenor so you can l	be invited to	a session.	
Environmental Volunteer Program Newsletter preference: ☐ Email ☐ No	one		
Training:			
<ol> <li>Introduction to the Environmental Volunteer Program - compulsory for all six months of becoming a volunteer in the program. This training outlines the adr Councils Environmental Volunteer Program, your rights and responsibilities, requand Safety Act 2011, etc. This workshop is held regularly at locations across the are communicated to volunteers.</li> <li>New Volunteer Site Induction – compulsory for all new volunteers to comply visit a site. The groups supervisor or convenor will take new volunteers through the six months.</li> </ol>	ninistration a irements und Central Coas ete a site ind	nd managem der the Workp st, dates and uction the firs	ent of blace Health locations
3. Annual Risk Assessment – compulsory for all group members to complete designated Council Officer. This training is on site specific hazards and risk mana. 4. Onsite training – you will be provided with training and learn a range of skills specific to the groups that you volunteer with. Conservation groups will have a for conservation training, amenity groups will focus on landscape maintenance skills science and nursery volunteers will be provided with training in those areas.	agement con through your cus on bush	trols.  work session regeneration	ns which ar and land
<b>5. Workshops</b> – additional workshops are offered to volunteer who are active in Program. Workshop details, including topics, dates and locations are communications.			er
I hereby certify that the information provided above is true	e and accurat	te.	
Signature:	Date:		
To be completed by Parent or Guardian for volunteers aged 16 and under:			
Name: Mr / Mrs / Ms / Miss	Relationship	o:	
Address:	Postcode: .		
Phone: (Home) (Mobile) (W	ork)		
Email:			
Signature:	Date:		

Thank you for your support – we look forward to having you in the Environmental Volunteer Program

 $\underline{environmental volunteering@centralcoast.nsw.gov.au}$ 

Please return completed registration forms to:

Central Coast Council, PO Box 20 WYONG, NSW 2259