

## SESSIONAL VOLUNTEER FORM (PLEASE USE BLOCK LETTERS)

Our insurance covers anyone over 15 years.

<b>* information is required</b>	
Date of Volunteering: *	Date of Birth: *
First Name (CIRCLE: Mr/Mrs/Ms/Dr): *	Surname: *
Address: *	
Suburb: *	Postcode: *
Email: *	
<b>Contact Details</b>	
☎ Home: *	Mobile:
<b>Next of Kin</b>	
Full Name: *	Relationship:
Contact Number(s): *	
<b>Do you have any special needs or health conditions we should be aware of? *</b>	

<b>EVENT: Street Appeal – Friday, 2<sup>nd</sup> December 2016</b>	
T-Shirt Size: * XS / S / M / L / XL (PLEASE CIRCLE)	
<b>Please select shift/s: *</b>	
<input type="checkbox"/> Shift E: Collect in your office and EFT us the money (CBD only due to collections license) 6:00 AM	<input type="checkbox"/> Shift B: Mid-Morning Shift 9:00 AM – 12:00 PM
<input type="checkbox"/> Shift A: Early Morning Shift 7:00 AM – 10:00 AM	<input type="checkbox"/> Shift D: Late Shift 1:00 PM – 4:00 PM
<input type="checkbox"/> Shift C: Late Morning Shift 11:00 AM – 2:00 PM	

<b>DECLARATION/WAIVER OF LIABILITY</b> (if you are under 18 have your parent/guardian complete this section on your behalf)	
<ol style="list-style-type: none"> <li>I acknowledge that all care but no responsibility will be taken by angelhands for any loss or damage to my personal items.</li> <li>I, the undersigned being over the age of eighteen years, have voluntarily and without duress signed this WAIVER OF LIABILITY form. I assert that I have read and fully understand the above WAIVER OF LIABILITY.</li> <li>I declare that the information contained in this application is true and correct.</li> </ol>	
<div style="background-color: #e0e0e0; height: 20px; width: 100%;"></div>	
Signature (CIRCLE: * self / guardian)	Date