

**SESSIONAL VOLUNTEER FORM (PLEASE USE BLOCK LETTERS)**

Our insurance covers anyone over 15 years.

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

DECLARATION/WAIVER OF LIABILITY (if you are under 18 have your parent/guardian complete this section on your behalf)	
1. I acknowledge that all care but no responsibility will be taken by angelhands for any loss or damage to my personal items.	
2. 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.	
3. I declare that the information contained in this application is true and correct.	
Signature (CIRCLE: * self / guardian)	Date