COMMUNITY BUSHLAND CARE VOLUNTEER REGISTRATION FORM

1. Instructions

Please submit the completed	form in person or via	email to your Commun	ity Partnerships Officer.					
2. Personal Details								
Title (Mr, Mrs, Dr, etc)		Surname						
Given name		Preferred name						
Postal address		State	Postcode					
Date of birth				1				
Email address								
Contact phone		Mobile						
3. Volunteer Position Detai	ls							
Group/s								
Commencement date		Position	🗌 Participant 🛛 🗌 Tea	m Leader				
4. Emergency Contact Deta	ails		-					
Name								
Residential address								
Residential address		State	Postcode					
Contact phone		Mobile						
Alternate phone								
5. Medical Information and acknowledgement								
5. Medical Information and	acknowledgement							
5. Medical Information and Do you have any medical capacity to perform your ve	condition or are yo	ou on any medicatio	n that may affect your	Yes No				
Do you have any medical	condition or are yo olunteer duties?	ou on any medicatio	n that may affect your	Yes No				
Do you have any medical capacity to perform your ve	l condition or are yo olunteer duties? Is below:		n that may affect your	Yes No				
Do you have any medical capacity to perform your vo If yes, please provide detai	l condition or are yo olunteer duties? Is below: elow, you acknowledge inteering involves risks	that: and could result in phy	vsical injury or other impa	irment. You confirm				
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Do you have any medical capacity to perform your ver- If yes, please provide detail By signing the declaration be 1. Your participation in volu- that you have voluntarily 2. At any time, you may ref	l condition or are yo olunteer duties? Is below: elow, you acknowledge inteering involves risks chosen to take part in use to take part in a vo dical condition that ma s regarding your ability	e that: and could result in phy volunteering activities plunteering activity and y affect your ability to s to safely participate in	vsical injury or other impa and accept the risks invo warrant to inform your Te afely participate in volunt the volunteering activities	irment. You confirm lved; eam Leader/Council of eering activities. s, you must seek				
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Council will use any personal information provided for the intended purpose only and for remaining in contact with you. Council is authorised to collect this information in accordance with the *Local Government Act 2009* and other Local Government Acts. Your personal information is only accessed by persons authorised to do so. Your personal information is dealt with in accordance with council's privacy policy.

8. Photography Permissions

By signing this form, I hereby permit Noosa Council to reproduce my image in its promotional material. I understand I have no interest in copyright of the image, which is the sole right of Noosa Council. I also understand that I am not entitled to financial reimbursement for participation in photographs and/or their subsequent publication.

9. Information Privacy and Confidential Information

Noosa Council collects and stores a variety of personal and confidential information in carrying out its functions as a local government.

Improper use or disclosure of confidential information accessible to persons in the public sector can be a criminal offence. Unauthorised access, disclosure or misuse of personal and confidential information at Council is not permitted under any circumstances.

Council has strict obligations under the *Information Privacy Act 2009*, which provides for the protection of personal information collected and held by Queensland Government agencies and outlines rules and obligations for what those agencies (including local government) must do with personal information.

By signing in the signature section below, the volunteer agrees to ensure compliance with respect to the *Information Privacy Act 2009* and Council's associated Policies and Procedures and accepts that those obligations will continue indefinitely beyond the scope of his/her engagement with the Noosa Council.

Confidential information means any information, data or know how, that is not in the public domain including but not limited to personal information, technical data, research, plans, services, inventions, processes, designs, drawings, commercially sensitive information, residential and financial data, finances, and strategy. Confidential information also includes Council's interpretation, analysis and application of general information in the public domain. Confidential information may be disclosed to a volunteer orally or in written or electronic form by Council during the course of the engagement. Confidential information does not need to be marked or confirmed explicitly by Council as '*confidential*' to warrant protection from improper use or unauthorised disclosure.

Improper use of personal or confidential information occurs when volunteer access information held by Council, which is not required to perform their normal lawful duties but rather for a private use and benefit, either for themselves or another person.

By signing the signature section below, the volunteer agrees to not disclose to unauthorised persons or improperly use any personal or confidential information that he/she may encounter during the course of the engagement with Council and agrees that this obligation continues indefinitely beyond the scope of his/her engagement with Noosa Council.

Confidential information may only be disclosed if required by law or other legitimate purpose where expressly authorised by an appropriately delegated Council Officer.

If you have any doubt regarding the nature of information that you are dealing with then you should query this with your supervising Council Officer.

10. Intellectual Property Rights

By signing the signature section below, the volunteer acknowledges and agrees that any intellectual property created by the volunteer during the course of his/her engagement at Council remains the property of Council. The volunteer acknowledges that any documentation created during the course of his/her engagement at Council remains the property of Council and will not be copied and/or distributed without prior consent of an appropriately delegated Council Officer.

The volunteer shall not in the performance of his/her engagement with Council knowingly infringe any copyright, patent, registered or unregistered design, trademark or name or other intellectual property right of Council or any other person/entity.

11. Declaration of Volunteer

I, the volunteer, declare that the above information is correct in all respects at the time of lodgement of this registration form with the Noosa Council. I also understand and accept my confidentiality obligations as described above. Should any of the details given in relation to this registration be changed in the future, the volunteer shall advise the Noosa Council in writing.

Applicant Signature (Name and Signature)			Date				
12 Parent/Guardian Approval (if volunteer is under the age of 18 at time of engagement)							

I, the parent/guardian of the volunteer declare that the above information is correct in all respects at the time of lodgement and I give my permission for the volunteer to be engaged in council's volunteer program. Should any of the details given in relation to this registration be changed in the future, the volunteer or I shall advise the Noosa Council in writing prior to any such change being implemented. I also support the requirement for the volunteer to understand and accept their confidentiality obligations as described above.

Parent/Guardian Signature (Name and Signature)				Date					
OFFICE USE ONLY – Community Partnerships Officer to complete									
Register completed Yes No	No Volunteer registration no.		Coordinator Name						
WHS Induction completed	□ Yes □ No	D	Induction date						