

## Arthurs Seat Challenge Volunteer Application

This form is to be completed by all prospective volunteers for the 2019 Arthurs Seat Challenge (ASC), being held Sunday 10 November 2019, for approval by the Volunteer Coordinator. Applicants must be at least 15 years old at the date of the event.

Your personal details are collected to assess your application and will only be used for this purpose and in the case of an emergency. The details are only accessible by the ASC Volunteer Coordinator and Event Manager and will be stored securely. Your details will be kept for as long as you are an active volunteer with the ASC.

Full name	
Address	
Mobile	
Email	
Date of birth	
Working With Children Check (WWCC)	Card number: _____ Expiry Date: _____
WWCC exemption <i>(circle if applicable)</i>	U18                      Registered teacher
Medical conditions we need to be aware of	
Emergency contact	Name: _____ Relationship to you: _____ Mobile number: _____

### Volunteer Declaration:

- I understand that my acceptance as a volunteer for the Arthurs Seat Challenge (ASC) will be at the discretion of the Volunteer Coordinator and Event Manager
- I understand that I must be at least 15 years old at 10 November 2019 to volunteer
- I understand that I must have a current Working With Children Check to be able to volunteer if I am 18 years of age or older, unless I qualify for an exemption
- I will read the briefing material provided to me prior to the ASC
- I understand I must abide by all instructions given to me, both verbally and in the written brief, and that any breach may lead to my immediate termination as a volunteer
- I give my consent for photographs taken by the ASC and official photographers to be published in print and electronically for promotional purposes
- I will respect all volunteers, suppliers, ASC staff, and participants
- I understand that while all reasonable steps will be taken to provide a safe environment, I participate at my own risk. ASC, Frankston Mornington Peninsula Fit To Drive Assoc Inc (FMP) and Functioning Together will not be liable for any injury that I may suffer which arises directly or indirectly from or in connection with the activity for which I'm volunteering, or any injury that I may cause to another person. I also indemnify ASC, FMP, and Functioning Together against any loss or damage to my property, personal effects, or to those of any other person.
- I agree that ASC may authorise on my behalf any medical treatment I may require. This includes but is not limited to ambulance attendance and hospital treatment. I agree to pay all medical costs incurred.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if volunteer under 18 years old)