



Volunteer Registration Form

Title: First name: Surname:

Organisation (if applicable):

Address:

Suburb: Postcode:

Phone (BH): Mobile:

Email:

Do you have Parkinson's? Do you know anyone with Parkinson's?

Do you have current first aid training?

Do you have any medical conditions that we should consider? No Yes – details:

Have you volunteered with Parkinson's Victoria before? No Yes – when:

What are you interested in helping with?

- Unity Walk Tin Rattle Collection Sausage Sizzles
- Administration/Office Other

What are your hours of availability?

Do you know anyone else who may be interested in volunteering who we can contact?

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Emergency contact details:

Name: Phone: Relationship:

Please accept this as my application to volunteer with Parkinson's Victoria. I understand that this form does not confirm my involvement and that I will be contacted with more information about a specific activity. I certify the information provided in this form is true and correct and has been provided voluntarily. I understand this information may be disclosed to any party with legal and proper interest, and that I release Parkinson's Victoria from any liability for supplying such information. I understand that this information will not be provided to other organisations for volunteering or marketing purposes. I understand that I will not be paid for my services as a volunteer. I acknowledge and agree that I volunteer with Parkinson's Victoria at my own risk and I am responsible for ensuring I am adequately and appropriately prepared, both physically and mentally for this activity. If I have any health issues or concerns prior to or during this activity, I understand and agree that I should immediately seek and act upon appropriate medical advice. In consideration of Parkinson's Victoria permitting me to volunteer in an activity, I release Parkinson's Victoria and all persons, organisations or corporations associated directly or indirectly with the conduct of the event, from and against all claims, liabilities, injury, loss or damage I may suffer or incur arising from or connected with me volunteering for this activity. I grant full permission for the organisers and media to use photographs, film or video footage of me participating in volunteering with Parkinson's Victoria, and surrounding activities, promotions of this or similar events in the future or in relation to the relevant fundraising activity. I acknowledge that I am over 18 years of age and that all information I have given is true and accurate.

Print name: Date: Signature:

Please return this form to: Jo Berthelemy, Volunteer Coordinator, Parkinson's Victoria. Thank you!

TOGETHER WE MAKE A DIFFERENCE