VOLUNTEER REGISTRATION FORM

Clean Up Day

Every volunteer (including the Site Supervisor) must complete this form before participating in the Clean Up.
The information collected will only be used by Clean Up Australia and will not be shared with any third parties.
The participants or legal guardian signed below agree that Clean Up Australia Ltd and the local Clean Up organisers will not be liable for:

- **any injuries sustained by the participant**
- **any loss or damage to property owned by, or in the possession of, the participant**
- **any acts or omissions, negligence or fault of any person participating in the Clean Up**

The participants or legal guardian signed below agree that they:

- **will take reasonable care for their own safety**
- **were given a thorough site safety briefing by the Site Supervisor prior to commencing the Clean Up and will comply with it**
- **will accompany and supervise all volunteers 15 years of age or under who are registered under their signature**
- **will wear sturdy enclosed footwear, gloves and protective equipment as advised by Clean Up Australia Ltd**
- **will not do anything to harm themselves or other volunteers**
- **will not handle syringes or other sharps but will inform the Site Supervisor immediately**
- **will use all safety equipment they are given**
- **will obey all lawful directions and instructions of the Site Supervisor or other Clean Up officials**
- **have told the Site Supervisor of any pre-existing medical conditions that might affect their participation in the Clean Up**
- **have read and understand the Risk Warning notice displayed at this Clean Up Site**
- **are not affected by drugs or alcohol**

IMPORTANT: If volunteer is 15 years of age and under the parent / legal guardian must sign below as consent to participate in the Clean Up.

Site Name / Number : _____

Site Supervisor Name : _____

Event Type & Date : ☐ Individual / Community Clean Up ☐ Business Clean Up ☐ Youth Clean Up d d / m m / y y

First Name	Last Name	M / F	Age	Pre-exist. medical Y or N	Emergency Contact name + number	Email Address to receive e-newsletter	Signature	Time In	Time Out
Lizzie	*Rivers*	*F*	*24*	*N*	*Byron Rivers 0123 456 789*	*lizrivers92@yahoo.com*	Lizzie Rivers	*10.00*	*15.30*

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PLEASE RETURN THIS FORM

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