

Facility Name: _____

Location: _____ Date: _____

Date	Name, Address & Phone	Induction Date	Training Date	Start Time	Finish Time	Description of Work	Signature of Volunteer (If u/18, parental signature required)

- Office bearers of Council's 355 Committees must ensure that **all volunteers complete the Register each time they undertake volunteer activities.**
- **Return a copy of this form** to Council in **March** (for period September-February) and **September** (for period March-August).
- This is necessary in order to record the hours volunteer's work to ensure insurance cover in the event of an accident or injury while carrying out duties on behalf of Council. A separate Volunteer Register should be completed for activities such as a working bee or small Committee function and forwarded to Council after the event.

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