

Australia Day 2017

CITY OF SOUTH PERTH'S AUSTRALIA DAY CELEBRATION ZONE VOLUNTEER CONFIDENTIAL REGISTRATION FORM

PERSONAL DETAILS			
Title	Please circle: Mr Miss Ms Mrs		
First Name		Middle Name	
Surname		Date of Birth	
Address			
Suburb		Postcode	
Telephone		Mobile	
Email			

EMERGENCY CONTACT			
Name		Relationship	
Telephone		Mobile	

IMPORTANT INFORMATION		
Do you wear a medical alert bracelet?	YES / NO	Please specify:
Do you have a disability, health issue or medical condition which may affect the type of work you do as a volunteer?	YES / NO	Please specify:
Do you have any food allergies or require a special diet?	YES / NO	Please specify:

VOLUNTEER PARENTAL PERMISSION CONSENT	
The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child, hereby consents to the participation by the child in the 2017 Australia Day Celebration Zone conducted by the City of South Perth.	
Name of Parent/Guardian	_____
Signature of Parent/ Guardian	_____
<i>Parental permission consent only required for volunteers under 18 years.</i>	

Please complete and return the registration form before 13 January 2017.
Post: City of South Perth, cnr Sandgate St and South Terrace, South Perth WA 6152
Email: youth@southperth.wa.gov.au
Fax: 9474 2425

