

CALOUNDRA OFFROAD CYCLING ASSOCIATION TRAIL CARE VOLUNTEER REGISTRATION FORM

Participant Details			
Name		Home Phone	
Street		Work Phone	
Suburb		Mob Phone	
Postcode		Email	

Contact Person In Case Of Emergency			
Name		Home Phone	
Street		Work Phone	
Suburb		Mob Phone	
Postcode		Email	

Medical Information	
Do you have any medical condition or are you on any medication that may affect your capacity to perform trail care duties.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details:	

Additional Skills <small>(please provide photocopy)</small>		
<input type="checkbox"/> Senior First Aid Certificate Cert No. Exp.	<input type="checkbox"/> Construction Blue Card Cert No. Exp.	<input type="checkbox"/> Relevant Trade Certifications Cert No. Exp.
<input type="checkbox"/> Chainsaw Operator Qual Cert No. Exp.	<input type="checkbox"/> Working with Children Blue Card Cert No. Exp.	<input type="checkbox"/> Horticultural Certification Cert No. Exp.
<input type="checkbox"/> Other relevant experience (please specify)		

Best times available for trail care activities and types of activities		
<input type="checkbox"/> General trail care activities	<input type="checkbox"/> Timber TTF construction	
<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	<input type="checkbox"/> Weekdays
Specific week days e.g. RDOs	Specify :	

Volunteer Work Agreement

As a Volunteer, I agree to abide by CORCA's policies and procedures and to work towards achieving its mission. I acknowledge that my work is voluntary and there is no financial payment. If there is any medical condition that may be aggravated by participating in an activity, I will advise the Trail Care Coordinator prior to commencement of the activity. I allow CORCA & Sunshine Coast Regional Council to use individual or group photos of myself for promotional purposes.

Signed: Date:

Once completed, please return this form to: CORCA	Office Use Only:
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