

COMMUNITY INVOLVEMENT PROGRAM  
DAILY SIGN ON REGISTER FOR VOLUNTEER GROUPS

Date: 11/05/2019	Project: Wilbinga Conservation Park Annual Cleanup
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Region / District: Swan Coastal
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***As a signatory to this registration form, I state that I have read the following information and agree with the statements. By signing this form, I am automatically covered under the Department's Personal Accident Insurance Policy for volunteers, for the day and hours stated below.***

***I understand that:***

- ***The policy covers people over the age of 16.***
- ***I must work within the scope of the tasks designated and available for this project.***

***I state that:***

- ***I am not receiving worker's compensation, or sick leave***
- ***I will not participate in any activity that may aggravate a known physical injury or impairment***
- ***I have received, read and acknowledged DEC's Code of Conduct***

NAME	DOB	ADDRESS	START TIME	END TIME	SIGNITURE

**PROJECT SUPERVISOR'S SIGNATURE:** .....

*(I have ensured that all the signatories have read and accepted the above conditions)*

**PRINT NAME:** Geoff Couper

(PTO)

Continued Overleaf >>>



