



COMMUNITY INVOLVEMENT PROGRAM  
DAILY SIGN ON REGISTER FOR VOLUNTEER GROUPS



Date:

Region:

**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 DBCA'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:** (PTO)

Continued Overleaf: >>



