MYRTLEFORD
CEMETERIES TRUST

Part 1: Volunteer details

First name		Surname		
		Date of Birth		
Address		postcode		
Phone		Mobile		
Email				
Do you identify as Aboriginal or Torres Strait Islander?		Y	N	Prefer not to say

Part 2: Emergency contact details/Next-of-Kin

Main Contact – full Name		
Relationship		
Home/Work/Phone		Mobile
Home address		

Part 3 Medical Conditions

Do you have any medical conditions, injuries, illness, disabilities or allergies?	
If yes, please specify the condition and provide details of how this may impact your work.	

Part 4: Declaration & Signature

Applicant Declaration
1. I agree to work in accordance with instructions, policies and procedures provided by the Cemetery Trust. 2. I agree that I can meet the requirements of and will work in accordance with, the position description provided.

3. I agree to take reasonable care of my own health and safety, and the safety of others around me i.e. other volunteers, Trust Members, and members of the public.
4. I agree that it is preferable to leave valuable items at home. The cemetery trust shall not take responsibility for participant's goods that are lost or stolen.
5. I understand that this agreement is of a voluntary nature that no payment shall be received, and that either party may terminate this agreement at any time.
6. I agree to inform my co-ordinator and accept necessary changes, if at any time I am prescribed medication and/or acquire a medical condition injury or illness, that may affect my ability to perform my volunteering role i.e.. affect my ability to use tools and equipment or which may affect the way I interact with people.

I hereby acknowledge that I have read and understood the above declaration and the details I have provided are true and correct at this time.

Signature of
Volunteer:

Date: