

MULTIPLE SCLEROSIS SOCIETY OF WESTERN AUSTRALIA (Inc.)



EVENTS' VOLUNTEER

Thank you for being an Event Volunteer for the Multiple Sclerosis Society of Western Australia (Inc.). Please complete the details below and return the form to the Society prior to the event taking place.

Please tick event/s you are interested in volunteering for:

- | | | |
|--|---|--|
| <input type="checkbox"/> Street Appeal | <input type="checkbox"/> Fairs and Expos | <input type="checkbox"/> Musicals/Theatre |
| <input type="checkbox"/> Charity Auction evening | <input type="checkbox"/> Mascot performer | <input type="checkbox"/> Christmas Gift Wrapping |

SPORTING EVENTS:

- | | | |
|--|---|---|
| <input type="checkbox"/> Step Up for MS
(Sun 29 May 2011) | <input type="checkbox"/> Ocean Ride for MS
(Sun 23 Oct 2011) | <input type="checkbox"/> Swim for MS
(Sun 25 Sep 2011) |
|--|---|---|

SURNAME: _____

GIVEN NAMES: _____

ADDRESS: _____

POSTCODE: _____ DATE OF BIRTH: _____

TELEPHONE _____ MOBILE: _____

EMAIL: _____

DRIVER'S LICENCE: _____ PASSPORT: _____ PENSIONER CARD: _____

Statement of Consent and Indemnity (To be Signed by Volunteer)

I consent to a check of the records of all Australian Police jurisdictions and to the acknowledgement of the existence of any convictions to an approved volunteer group. (cost covered by MS Society)

In consideration of the WA Police Service releasing an acknowledgement of any convictions, under this application, I hereby indemnify the state of WA, its servants and agents including all members of the WA Police Service against all actions, suits, proceedings, causes of actions, costs, claims and demands whatsoever which may be brought or made against it or them by anybody or person by reason of or arising out of the reason of any details of any conviction and other information recorded against my name purporting to either relate to or concern me.

VOLUNTEER'S SIGNATURE: _____ **DATE:** _____

In case of emergency:

CONTACT NAME: _____

CONTACT TELEPHONE: _____

Office use only: SIGNATURE : _____ DATE : _____

Received photocopy of ID : _____ (Driver's Licence, Passport, Pensioner Card, etc)