

Parks Volunteer Application Form

Name

Address

Phone Date of Birth*

Email

Emergency contact

Name Phone

Relationship to you

Park/group (if known)

Position (please tick)

Team Leader BushCarer Propagator TrailCarer

I understand my responsibilities as a volunteer under the Parks Communities program/s and agree to work within LCC Guidelines & the LCC Code of Conduct for Staff

Signature

The information on this form is for record purposes only.

The below information is confidential and will assist Council in protecting your safety and to utilise any special skills or knowledge you may have.

Do you have a health or physical condition that Council may need to be aware of?
(allergies, heart condition, diabetes, asthma, injuries etc)

Do you have hobbies, skills or knowledge that may contribute to the program?
(birdwatching, plant identification, previous experience etc)

Where did you hear about the Logan City Council Parks Volunteers program?

Council website City magazine Onsite advertising Word of mouth

Other (please specify)

Email your completed form to: parkvolunteers@logan.qld.gov.au

or post to: Logan City Council, Reply Paid 3226, Logan City DC Q 4114 (no stamp req.)

Privacy Collection notice

Logan City Council is collecting your personal information for the purposes of the Parks Volunteers program. Your personal information may be accessed by employees and/or Councillors of Logan City Council. Your personal information will be handled in accordance with the Information Privacy Act 2009 (Qld) and may be released to other parties where Logan City Council is required or authorised by law to do so. For more information on Council's Privacy Policy, see <https://www.logan.qld.gov.au/about-council/contact-us/privacy>

*required for insurance purposes