Volunteer Registration Form

Are you willing to volunteer with the BHPS Walking Bus (WB)? If yes, please complete the questions below and return it to bhpswalkingbus@gmail.com

1. Please provide the name(s) of the volunteer(s) and their contact details.

|  |  |  |
| --- | --- | --- |
|  | Volunteer 1 | Volunteer 2 |
| Name |  |  |
| Phone |  |  |
| Email |  |  |

2. Please pick which day(s) and route you would like to be involved with.

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3. Have you completed your ‘Working With Children’ Check. YES/NO

Please list the WWC number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Volunteer Commitment

* I agree to be a volunteer WB Route Leader along the recommended route to school. If I should be unable to make any commitments, I agree to contact the WB volunteer at least two (2) school days beforehand or will arrange for a substitute volunteer from the approved list.
* I agree to follow the safety rules of the WB program during my role as a volunteer.
* I agree to undertake any health & safety training required for this role.
* I agree that I have read and understood the NSW Transport Road Safety Guide: <http://roadsafety.transport.nsw.gov.au/downloads/keeping-our-kids-safe-around-schools.pdf>

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_