
AUTHORISATION OF A VOLUNTEER (for insurance purposes)

Volunteer Details

Name _____

Address _____

Contact Number _____

Emergency Contact

Name _____

Contact Number _____

Volunteers are insured under various JCU insurance policies whilst conducting JCU approved activities. Details of insurances applicable can be found on the insurance web page: <https://www.jcu.edu.au/chancellery/legal-and-assurance/insurance>

Volunteer's Signature

Date

To be completed and signed for and on behalf of the University:

Name of University Contact _____

Division / College _____

Period of Volunteering _____/_____/20____ to _____/_____/20____

Brief Description of Work to be Undertaken:

Approved on behalf of the University:

Signature

Date