

Volunteer Registration

Name

Street Address

Suburb Postcode

Phone

Email

[Counting will take place over 2-2.5 hours and may involve hills or stairs. Counters will need to have a reasonable level of fitness to participate.]

Do you have any medical or other condition that may affect your ability to physically count? Yes / No

If yes, please identify special consideration needed: _____

Please indicate if you are:

- a student an Advisor (currently or formerly homeless)
 working in homelessness sector other employed
 other

If employed, will your employer be supporting you to participate?

- Yes, I will be paid or receive time in lieu,
If so who is your employer? _____
- No, I am volunteering in my own time

Is there someone in particular who you would like to be partnered with? Yes / No

Name of partner _____

(All attempts to meet requests will be made but no guarantee is offered).

Please return to Katie Price: [email kprice@cityofsydney.nsw.gov.au](mailto:kprice@cityofsydney.nsw.gov.au) fax 9265 9214
mail GPO Box 1591 Sydney NSW 2001 ph 9265 9667