



Neighbourhood Watch 3193

NHW 3193 Inc. No: A0105914Y ABN No: 90525043941

Graffiti Buster Volunteer Application Form

There is no cost to be a volunteer. public liability and personal accident Insurance under NHW Victoria Insurance is provided subject to conditions and only on approved events.

Graffiti Buster Group Name.....

Your Details

Family Name:..... **First Name**.....

Mobile:..... **Email: (write clearly)**.....

Address:.....

Volunteers, please read the conditions.

Safety issues and insurance

- Only NHW endorsed graffiti “busts”, led by your group leader are covered by the NHW insurance. Individual outings no matter how well intended, are not covered.
- In the unlikely event of an incident involving injury or property damage, please report the circumstances immediately to your local Graffiti Buster group leader
- Busters MUST wear the high-viz. vests, gloves, eyeglasses, sensible shoes and clothing. *It is your responsibility to comply with these requirements.*
- Busters should familiarise themselves with instructions on the Bayside Council Graffiti Kit if using graffiti removal liquid. Main need is wear eyeglasses and avoid getting liquid on skin -if you do, wash it off.
- Use of a ladder or other aid (box etc) to gain access to high points is NOT covered by our insurance.
- Owner consent to remove graffiti is mandatory. Signed forms must be obtained. Work without consent may not be covered by NHW insurance.

Declaration:

I hereby apply as a Graffiti Buster volunteer to Neighbourhood Watch 3193 (NHW 3193). I agree to abide by the rules and regulations currently in force and subsequently amended according to the provisions of the Constitution of NHW3193. Please note any claim whereby the above has not been followed may result in rejection of the claim by the insurer

Please sign below to activate the insurance cover

APPLICANTS SIGNATURE.....**Date:**.....

Valid until 30/12/2023. Please contact your group leader to renew thereafter

Please return to **Graffiti Busters, c/o NHW 3193 at nhw3193@gmail.com**
or post to **NHW 3193 c/o NHW 3193, 20 Rennison Street Beaumaris 3193**
For further information, contact your Group Leader.

OFFICE USE ONLY

Date received:.....**Date approved**..... **Membership No:**.....