



(IF YOU ARE UNDER 18 YEARS OF AGE)

Name _____ (Presenter)

Address _____

Phone _____ Mobile _____

Email _____

DOB: ___/___/___

Parent/Guardian Consent

I give permission forto be involved with
Derwent Valley Community Radio/TygaFM.

.....(Print name of Parent/Guardian)

.....(Signature Of Parent/Guardian)

Underage Volunteer Agreement

If accepted as a member of Derwent Valley Community Radio Inc. I agree to be bound by the Policies,
Procedures and Constitution of Derwent Valley Community Radio Association Inc.

Signature of Underage Volunteer _____ Date ___/___/20___

*Please note that once a Volunteer attains the age of 18 years and wishes to continue involvement,
he/she will need to apply for a Working With Vulnerable People Card (WWVP) from Cbos. Tas.*

Office Use Only
Signed for TygaFM. _____
Name _____
Committee Approval
Moved _____ Seconded _____ Date ___/___/20....

TygaFM

ABN: 62 625 224 432

Phone 03 6261 2888

Derwent Valley Community Radio Inc.

www.tygafm.org.au

PO Box 377, New Norfolk. 7140

When completed please return the form to the Secretary at above address or email to

secretary@tygafm.org.au