

Reef Watch Volunteer Registration Form - Confidential

Mr / Miss / Ms / Mrs	First name:	Last name:
Street Address:		
Town/Suburb:	Postcode:	Country:
Telephone (home):	Telephone (work):	
Mobile:	Email:	

Date of Birth: DD/MM/YYYY

Emergency contact:	Relationship:
Telephone (home):	Telephone (work):
Email:	Mobile:

Do you have any pre-existing medical conditions, allergies, disabilities or past injuries that may affect your participation?
(Please note that Conservation Council of SA Liability insurance policy does not provide any cover for pre-existing conditions.)

Yes No If yes - please discuss and complete the questions over the page.

I consent to the Reef Watch Project Officer calling an ambulance in the event that I become unconscious during a Reef Watch activity and I understand that I am liable for all costs associated with emergency transport. Initials: _____

Dietary requirements (e.g. vegetarian, allergies): _____

How did you hear about Conservation Council of South Australia/Reef Watch?

- | | | |
|---|--|--|
| <input type="checkbox"/> Brochure or poster | <input type="checkbox"/> Office or vehicle | <input type="checkbox"/> Display or presentation |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Friends or family | <input type="checkbox"/> Job Network member |
| <input type="checkbox"/> Hostel | <input type="checkbox"/> Media | <input type="checkbox"/> School/TAFE/Uni |
| <input type="checkbox"/> Travel agent | <input type="checkbox"/> Volunteer Resource Centre | <input type="checkbox"/> Website, which one: _____ |

Would you like to receive the Reef Watcher newsletter? (you can unsubscribe at any time) Yes No

Conditions of Participation

I agree to comply with the following terms that refer to my participation in all Conservation Council of South Australia Inc. projects and activities:

- I have notified Conservation Council of SA of all pre-existing medical conditions and pre-existing injuries, and I consent to Conservation Council of South Australia Inc. rendering or authorising such medical treatment as necessary and accept responsibility for all associated expenses. I am also aware that Conservation Council of SA are not covered for pre-existing conditions under their Liability Policy.
- I am a volunteer and not an employee of Conservation Council of South Australia Inc.
- I will not smoke, consume or store alcohol or illicit drugs in vehicles, offices, accommodation or while working on a project site.
- I shall respect the rights, feelings and property of all others associated with the projects.
- I shall cooperate to ensure a safe, happy and hygienic team environment.
- My placement on all projects is at the discretion of Conservation Council of South Australia Inc.
- Photographs or videos taken of me on a project can be used for promotional purposes.
- I will comply with Conservation Council of South Australia Inc. policies, while also accepting responsibility for my own safety and the safety of my personal belongings. Furthermore, I will not knowingly or carelessly endanger the safety and welfare of any other participants in Conservation Council of South Australia Inc. activities, or endanger the safety of their personal belongings.

I understand that failure to comply with any of these conditions may result in Conservation Council of South Australia Inc. requesting me to leave, and that I may also forego all entitlements relating to projects and payments.

Signature: _____ Date DD/MM/YYYY

Office use only - to be initialed and dated by the Staff Member who undertakes each step

- All declared pre-existing medical conditions discussed with volunteer
- 'OH&S & Welfare Issues for Intertidal Monitoring' form has been read.
- All information checked and complete - signed Office Manager
- Volunteer details entered onto volunteer database

Initial and date of Staff Member

Management Plan for Pre-Existing Injury or Medical Condition

1. What is the medical condition, allergy, disability or past injury?

2. Information about the Condition/Injury

(a) How serious is the condition if aggravated? (Tick one or more of the following.)

- Potentially life threatening Could require medical (doctor, hospital) treatment
- Could require own medication Could require rest or time off work

(b) In your own words tell us how we recognise that your condition has recurred or been aggravated.

(c) When was the most recent episode?

3. What actions, triggers or situations do you need to avoid?

4. What is the management plan to minimise any aggravation to the condition/injury?

Eg. self medication, avoidance of allergy triggers (specify) etc

5. What is the emergency plan if serious aggravation does occur?

Volunteer

Signature: _____ Name: _____ Date DD/MM/YYYY

Staff member

Signature: _____ Name: _____ Date DD/MM/YYYY

Privacy Information

This information is required to safely implement projects under it's management and to better serve volunteers and project partners. Not supplying all the required information may result in not being able to participate in a CCSA project. This information will be stored in a secure manner in accordance with the Privacy Amendment (Private Sector) Act 2000. This information will be disclosed only to those responsible for the implementation of projects.