

Volunteer Registration Form

Group / Organisation: _____

Mr Miss Ms Mrs First Name: _____ Surname: _____

Street Address: _____

Town / Suburb: _____ Postcode: _____ Country: _____

Phone (Home): _____ Phone (Work): _____

Mobile: _____ Email: _____

Date of Birth: _____ / _____ / _____

SCHOOLS (for use by school volunteers):

Name of School: _____ Teacher: _____

Phone: _____ No. of students _____ Parental permission granted for all students: Yes

EMERGENCY:

Emergency Contact Person: _____ Relationship: _____

Phone (Home): _____ Phone (Work): _____ Phone (Mobile): _____

Do you have any medical conditions, allergies, disabilities or past injuries **that may affect your participation?**

Yes No

If Yes, please discuss with the Project Manager and complete the questions on the next page.

CONDITIONS OF PARTICIPATION:

I agree to comply with the following terms and conditions as part of my participation in all projects and activities.

1. I have notified the Project Manager of any relevant medical conditions and pre-existing injuries and consent to the Project Manager rendering or authorising such medical treatment as is deemed necessary. I accept full responsibility for all expenses incurred.
2. I am participating in all projects and activities as a volunteer.
3. I will not smoke, consume or possess alcohol or participate in any illegal activity while working on a project site.
4. I will respect the rights, feelings and property of all others associated with all projects.
5. I will do my part to ensure a safe, happy and clean team environment.
6. My placement on all projects will be at the discretion of the Project Manager.
7. I give permission for photographs or videos taken of me on a project to be used for promotional purposes as required.

I understand that my failure to comply with the above conditions may result in the Project Manager terminating my participation in the project.

Signature: _____ **Date:** _____ / _____ / _____

Project Manager: _____

Signature: _____ **Date:** _____ / _____ / _____

Management Plan for Pre-Existing Injury or Medical Condition

1. What is your 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) Please 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? E.g. Self-medication, avoidance of allergy triggers etc.

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

Volunteer

Signature: _____ Name: _____ Date: ____ / ____ / ____

Staff Member

Signature: _____ Name: _____ Date: ____ / ____ / ____