

VOLUNTEER REGISTRATION FORM



Mr, Miss, Ms, Mrs: First Name: Last Name:

Street Address:

Town/Suburb: Postcode: Country:

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

Email:

Date of Birth: / / (DAY/MONTH/YEAR)

Emergency Contact: Relationship (e.g. Parent, Partner):

Phone (Home): Phone (Work):

Mobile: Email:

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

Yes No

If yes – please discuss with Project Manager and complete the questions over the page.

Conditions of participation

I agree to comply with the following terms that refer to my participation in all projects and activities:

1. I have notified the Project Manager of any relevant medical conditions and pre-existing injuries, and I consent to the Project Manager rendering or authorising such medical treatment as necessary and accept responsibility for all associated expenses.
2. I am a volunteer and not an employee of the Committee.
3. I will not smoke, consume or store alcohol or illicit drugs while working on a project site.
4. I shall respect the rights, feelings and property of all others associated with projects.
5. I shall cooperate with the Project Manager to ensure a safe, happy and hygienic team environment.
6. My placement on all projects is at the discretion of the Project Manager.
7. Photographs or videos taken of me on a project may be used by the Committee for promotional purposes.

I understand that failure to comply with any of these conditions may result in the Project Manager requesting me to leave.

SIGNATURE: DATE: / /

Office use only – to be initiated and dated by the Project Manager who undertakes each step.

	Project Manager to initial and date
1. All declared pre-existing medical conditions discussed with volunteer	
2. Safety briefing provided	
3. All information checked and complete	

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If any pre-existing medical conditions, allergies or past injuries are declared, the following questions need to be discussed with the project manager or committee representative.

1. More information on the condition:

Eg – How serious is the condition? What are the symptoms? What aggravates the condition?
How often do episodes occur? When was the most recent episode?

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2. Based on responses to Question 1, how might the declared condition affect participation?

Eg – What other relevant activities does the volunteer undertake on regular basis?

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3. What is the management plan to minimise the likelihood of aggravating the declared condition?

Eg – Medication to be taken on the project, avoid allergy triggers, rotate activities, carer to accompany volunteer.
If unsure please consult the Committee Executive. A Doctor's Certificate may be necessary.

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4. What is the Emergency Management Plan?

Eg – Seek medical attention or administer medication. How quickly do these need to be undertaken?

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Volunteer

Signature: Name: Date: / /

Committee Representative

Signature: Name: Date: / /