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| **Volunteer Registration Form**  |  |

**Please fill out all fields**

**1.**

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| --- | --- | --- | --- | --- | --- |
| Mr, Miss, Ms, Mrs: |  | First Name: |  | Last Name: |  |
| Street Address: |  |
| Town/Suburb: |  | Postcode: |  | Country: |  |
| Telephone (home): |  | Telephone (work): |  |
| Mobile: |  | **Email:** |  |

**2.** Date of Birth: **DD/MM/YYYY**

**3.**

|  |  |  |  |
| --- | --- | --- | --- |
| Emergency Contact Person: |  | Relationship: |  |
| Telephone (home): |  | Telephone (work): |  |
| Email: |  | Mobile: |  |

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

□ Yes □ No

If yes - please discuss 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 Landcare/Bushcare/Conservation projects and activities:

1. I have notified the group coordinator of all relevant medical conditions and pre-existing injuries, and I consent to the group coordinator rendering or authorising such medical treatment as necessary and accept responsibility for all associated expenses.
2. I am a volunteer and not being employed to carry out works.
3. I shall respect the rights, feelings and property of all others associated with projects.
4. I shall cooperate to ensure a safe, happy and hygienic team environment.
5. My placement on all projects is at the discretion of the group coordinator.
6. Photographs or videos taken of me on a project can be used for promotional purposes.
7. I will take responsibility for my own safety and the safety of my personal belongings and comply with WHS procedures addressed at each site. Furthermore, I will not knowingly or carelessly endanger the safety and welfare of any other participants in Landcare/Bushcare/Conservation activities, or endanger the safety of their personal belongings.
8. I understand that any recreational or “Optional Extra” activities identified by the group coordinator in addition to the Landcare/Bushcare/Conservation works are carried out at my own risk.

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date **DD/MM/YYYY**

Group Coordinator Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date **DD/MM/YYYY**

**Management Plan for Pre-Existing Injury or Medical Condition**

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

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**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.

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(c) When was the most recent episode?

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

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

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

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

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**Volunteer**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date **DD/MM/YYYY**

**Group Coordinator**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date **DD/MM/YYYY**

**Privacy Information**

This information is required to safely carry out Landcare projects and to better serve volunteers and site host Landcare/Bushcare groups. Not supplying all the required information may result in not being able to participate in a project. This information will be stored in a secure manner. This information will be disclosed only to those responsible for the coordination of the group.