

Volunteer Safety Framework

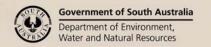
Volunteer Registration FORM 4



PERSONAL INFORMATION

Name:					
Address:					
Suburb/Town:	Postcode:				
Telephone (H):	Telep	phone (M):	Email:		
Preferred method of c	ontact (for activity	information)			
☐ Email	☐ Post	☐ Phone	Best time to call:		
If you are under the ag	e of 18, this registi	ration must be co-si	gned by a parent or	guardian (see over).	
EMERGENCY CONTA	ст				
Name:	Relationship:				
Telephone (H):	Telephone (M)				
Do you have any speci ☐ YES ☐ NO	=	erience or qualifica provide information:	_	Certificate:	
MEDICAL INFORMA	TION (*Optional)				
Do you have any healt	h/medical issues	that may affect ye	our participation?	\square YES \square NO	
Management for pre-o			1		
\square Not serious, can be	self-managed	☐ Could	d require medical tre	atment	
☐ Could require hosp	italisation	☐ Poter	ntially life threatening	9	
What actions, situation	n or triggers nee	d to be avoided?			

What is the emergency plan if serious aggravation occurs?



OTHER COMMENTS

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CONDITIONS OF PARTICIPATION AS A DEWNR VOLUNTEER

- I agree to comply with the following terms that refer to my participation in all projects and activities:
- I will comply with the Department of Environment, Water and Natural Resources ("DEWNR") policies, procedures and lawful reasonable instructions as determined by relevant DEWNR staff.
- I will comply with DEWNR's safety requirements and risk management procedures.
- I understand that I am volunteering my services and I will not receive any remuneration for those services.
- I will comply with reasonable directions from an 'activity team leader'.
- I will not consume alcohol or use illicit drugs, or be under the influence of alcohol or illicit drugs, while working on an activity, in accordance to DEWNR policy.
- I will respect the rights, property and feelings of others associated with the activity.
- Photographs and/or videos taken of me at an activity may be used by DEWNR for promotional purposes. If I do not wish my photo to be taken at an activity I will convey this to the 'activity team leader' on the day.
- I understand that I may be required to have a police check for some specific activities.

Name:		••••••	•••••
Signature:	.Date:	/	/
Co-signature (Parent/Guardian):			
Name:			••••••
Signature (DEWNR officer):	.Date:	/	/