

VOLUNTEER REGISTRATION FORM

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

Street Address: _____

Town/Suburb: _____ Postcode: _____ Country: _____

Telephone (home): _____ Telephone (work): _____

Mobile: _____ Email: _____

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

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

Telephone (home): _____ Telephone (work): _____

Mobile: _____ Email: _____

Do you have any special dietary requirements or food allergies? Yes No If yes, please provide further information:

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 initialed 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	

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?

E.g. 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**