



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: / /

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

Telephone (h): Telephone (w): Mobile:

Email:

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

Yes No (please circle)

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 Council/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 initialled and dated by the Project Manager who undertakes each step

<i>STATEMENT</i>	<i>INITIALS</i>	<i>DATE</i>
1 All declared pre-existing medical conditions discussed with volunteer		
2 Safety briefing has been provided		
3 All information has been checked and complete		

