



**PERSONAL INFORMATION**

Name: ..... Date of Birth: .....  
(\*Optional)

Address: .....

Suburb/Town: ..... Postcode: .....

Telephone (H): ..... Telephone (M): ..... Email: .....

**Preferred method of contact** (for activity information)

Email       Post       Phone      Best time to call: .....

*If you are under the age of 18, this registration must be co-signed by a parent or guardian (see over).*

**EMERGENCY CONTACT**

Name: ..... Relationship: .....

Telephone (H): ..... Telephone (M): .....

**SKILLS/EXPERIENCE/QUALIFICATIONS**

**Do you have any specialised skills, experience or qualifications?** E.g. First Aid Certificate:

YES     NO    If YES, please provide information:

**MEDICAL INFORMATION** (\*Optional)

**Do you have any health/medical issues that may affect your participation?**  YES  NO

**Management for pre-existing injury or medical condition**

**How serious is the condition(s) if aggravated?**

- Not serious, can be self-managed       Could require medical treatment
- Could require hospitalisation       Potentially life threatening

**What actions, situation or triggers need to be avoided?**

**What is the emergency plan if serious aggravation occurs?**



**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):** .....

If volunteer is under the age of 18

**Name:**.....

**Signature (DEWNR officer):** ..... **Date:**     /     /

**OTHER COMMENTS**