



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