

Volunteer Registration Form

School Holiday Program 2019

Volunteer Details

First Name: _____ Surname: _____
 Street Address: _____
 Town/Suburb: _____ Postcode: _____
 Phone no. (home): _____ Parent/Guardian Name: _____
 Mobile no: _____ Parent/Guardian Mobile: _____
 Email: _____ Parent/Guardian Email: _____
 Name of School: _____ School phone number: _____

Date of Birth: DD/MM/YYYY

Do you identify as Aboriginal or Torres Strait Islander? Please circle: **Y / N**

Emergency Contact Details

Contact Name: _____ Relationship: _____
 Tele (home): _____ Tele (work): _____
 Email: _____ Mobile: _____

Please list what date(s) of the School Holidays you would like to volunteer: _____

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

Please circle: **Y / N** If YES, please provide details overleaf.

Dietary Requirements (e.g. vegetarian): _____

Do you give permission for Conservation Volunteers Australia to use your photographs in publications and multimedia?

Please circle: **Y / N**

Conditions of Participation

I agree to comply with the following terms that refer to my participation in all Conservation Volunteers projects and activities:

1. I have notified Conservation Volunteers of all relevant medical conditions and pre-existing injuries, and I consent to Conservation Volunteers 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 Conservation Volunteers.
3. I will not smoke, consume or store alcohol or illicit drugs in vehicles, offices, accommodation or while working on a project site.
4. I shall respect the rights, feelings and property of all others associated with the projects.
5. I shall cooperate to ensure a safe, happy and hygienic team environment.
6. My placement on all projects is at the discretion of Conservation Volunteers.
7. Payment is subject to a cancellation fee of 15% up to 30 days before commencement, 30% up to 14 days before commencement, and 100% within 14 days of commencement (where applicable). Payment and placements are not transferable.
8. I will comply with Conservation Volunteers policies, while also accepting responsibility for my own safety and the safety of my personal belongings. Furthermore, I will not knowingly or carelessly endanger the safety and welfare of any other participants in Conservation Volunteers activities, or endanger the safety of their personal belongings.

I understand that failure to comply with any of these conditions may result in Conservation Volunteers requesting me to leave, and that I may also forego all entitlements relating to projects and payments.

Student's Signature: _____

Date: DD / MM / YYYY

Parent/guardian Signature: _____

Date: DD / MM / YYYY

Office use only - to be initialed and dated by the Staff Member who undertakes each step:

1. All declared pre-existing medical conditions discussed with volunteer
2. Safety card and safety briefing provided
3. All information checked and complete - signed Regional Manager
4. Volunteer details entered onto volunteer database
5. Volunteer Registration form filed



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.)

- | | |
|---|---|
| <input type="checkbox"/> Potentially life threatening | <input type="checkbox"/> Could require medical (doctor, hospital) treatment |
| <input type="checkbox"/> Could require own medication | <input type="checkbox"/> Could require rest or time off work |

(b) In your own words tell us how we can 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?

Student Volunteer

Signature: _____ Name: _____ Date: DD/MM/YYYY

Parent/guardian

Signature: _____ Name: _____ Date: DD/MM/YYYY

Privacy Information

This information is required to safely implement projects under its management and to better serve volunteers and project partners. Not supplying all the required information may result in not being able to participate in a CVA project. This information will be stored in a secure manner in accordance with the Privacy Amendment (Private Sector) Act 2000. This information will be disclosed only to those responsible for the implementation of projects.

For more information on the information collected, used and stored, please contact the Privacy Officer -

Conservation Volunteers
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Ballarat Vic
3353 Australia
Freecall 1800 032 501
Email privacy@conservationvolunteers.com.au

