



Safety Management Toolkit

Volunteer Registration Form

Mr, Miss, Mrs, Ms: _____

Street Address: _____

Town / Suburb: _____ Postcode: _____

Telephone (Home): _____ Work / Mobile: _____

Email: _____ Date of Birth: ____/____/____

Emergency Contact Person: _____ Relationship: _____

Telephone (Home): _____ Work / Mobile: _____

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

Yes

No

* if yes please discuss with Community Revegetation Coordinator 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 of 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

	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	
4. Entered into data base	

If any pre-existing medical conditions, allergies or past injuries are declared, the following questions need to be discussed with the Project Manager or CDTLI representative.

More information on the condition: e.g. How serious is the condition? What are the symptoms? What aggravates the condition? How often do episodes occur? When was the most recent episode?

Based on responses to Q.1, how might the declared condition affect participation? e.g. What other relevant activities does the volunteer undertake on a regular basis?

What is the management plan to minimise the likelihood of aggravating the declared condition? e.g. medication, avoid allergy triggers, rotate / minimise certain activities.

If unsure please consult the Executive Committee. A doctor's certificate may be necessary.

What is the Emergency Management Plan? e.g. Seek medical attention or administer medication. How quickly do these need to be undertaken?

Volunteer

Signature:

Name:

Date: ___/___/___

CDTLI Representative

Signature:

Name:

Position:

Date: ___/___/___

PRIVACY:

All personal and medical information supplied to CDTLI by volunteers will remain confidential. The information will be used / discussed between project coordinator and volunteer to decide on risk/s management plans for activities to be undertaken by volunteer while working on CDTLI projects.