

## **Volunteer Registration Form**

Mr, Miss, Ms, Mrs:	First Name:	I	_ast Name:		
Street Address:					
Town/Suburb:	Postcode: Count		Country:		
Telephone (Home)	Telephone (we	ork):	Mobile:		
Email:					
Date of Birth: / /					
Emergency Contact Person:		ſ	Relationship (e.g. P	arent, Partner):	
Telephone (h):	Telephone (w)		Mobile:	,	
Email:	1 ( )				
Do you have any me affect your participa		s, allergies, disa	abilities or past in	juries <b>that may</b>	
	Yes	No (	please circle)		
If yes – Please discupage.	uss with Projec	t Manager and	complete the que	estions over the	
CONDITIONS OF PARTICIF	PATION:				
I agree to comply with the following	terms that refer to	my participation in	all projects and activi	ties:	
I have notified the Project consent to the Project accept responsibility for the project in	Manager renderir	ng or authorising su			
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.					
<ol> <li>Photographs or videos purposes.</li> </ol>	taken of me on	a project may be u	used by the Committ	ee for promotional	
I understand that failure to comply to leave.	with any of these	conditions may resu	ılt in the Project Mana	ager requesting me	
SIGNATURE	DATE:	/ /			
Office use only – to be initialled	and dated by the	Project Manager w	ho undertakes each	step	
	STATEMENT		INITIALS	DATE	
1 All declared pre-existing medical	conditions discuss	ed with volunteer			
2 Safety briefing has been provided	d				
3 All information has been checked and complete					

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## **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	n/Injury		
a) How serious is the condition if ag	gravated? (Tick one or more o	of the following.)	
☐ Potentially life threatening	☐ Could require medical (doctor, hospital) treatment		
☐ Could require own medication	☐ Could require rest or time	off work	
b) In your own words tell us how we aggravated.	e recognise that your condition	has recurred or been	
c) When was the most recent episo	de?		
3. What actions, triggers or situate	tions do you need to avoid?		
<b>4. What is the management plan</b> to eg. self medication, avoidance of		to the condition/injury?	
5. What is the emergency plan if	serious aggravation does oc	ccur?	
Volunteer			
Signature	Name	Date / /	
Project Manager			
Signature	Name	Date / /	
This form is to be read in conjunction v SMC website <u>www.southernmidlands.t.</u>		n Handbook – available on the	
Please return this form to SMC Record	s Management when completed		

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