**Volunteer Registration Form**

***Office use only:***

**Volunteer number:**

**This side to be completed by volunteer**

***Please print clearly and fill out all details***

**Project number:** 8.2.47 **Project name:** Wilbinga clean up

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SURNAME: | | | | TITLE: (Mr / Mrs / Miss / Ms / Dr / Rev.) | |
| GIVEN NAMES:       PREFERRED NAME: | | | | | |
| POSTAL ADDRESS:       Suburb: | | | | | Post Code: |
| EMAIL ADDRESS (**Please Print**): | | | | | |
| TELEPHONE: Home:       Work:       Mobile: | | | | | |
| DATE OF BIRTH:  *NB: For insurance reasons, only those over the age of 13 can be registered as volunteers (if under 16, they* ***must*** *be supervised by parent / guardian)* | | | Are you:  Male  Female | | |
| Is English your second language? Yes  No | | Please specify other language spoken: | | | |
| Which of the following best describes your main usual activity?  Carers / disability pension Full time employment  Full time home duties Interstate Visitor  Part-time employment  Retired  Self-employed Student Unemployed | | | | | |
| Are you an Australian resident?  **Yes  No**  **(*NB: Non-residents must provide proof of valid travel health insurance as they are not covered by the department’s Insurance policy).*** | | | | | |
| Are you of Aboriginal or Torres Strait Islander descent?  Yes  No | Are you on workers compensation or sick leave? Yes  No  If yes, please provide details from employer or their agent separately | | | | |
| Do you have any pre-existing conditions (including known allergies) which may affect your ability to undertake work safely?  Yes  No  If yes, provide details: | | | | | |
| **EMERGENCY CONTACT DETAILS**: Name:       Phone Number: | | | | | |
| I (name)       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_confirm that I have received and acknowledge Parks and Wildlife’s Volunteer Code of Conduct and Health and Safety induction. I agree to abide by the requirements as explained in the documents and I understand that failure to do so may result in my deregistration as a volunteer.  I understand that my data will be held on a secure computer system. I hereby consent to this information being stored (in any format), and processed as required for the purposes of my prospective volunteer status by Parks and Wildlife, on condition that the information will, so far as possible, be kept confidential.  I permit Parks and Wildlife to use my image for training, promotional, media and other non-commercial purposes as appropriate.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  Please note that by signing this document you are acknowledging the above is true and correct. | | | | | |

**Health & safety checklist overleaf must be completed by PROJECT SUPERVISOR**

**HEALTH AND SAFETY INDUCTION CHECKLIST - To be completed by Project supervisor**

The checklist below is for use by supervisors to ensure volunteers are aware of potential hazards and understand department policies and guidelines. This must be completed prior to the volunteer undertaking work for the department. The project supervisor may be a delegated volunteer.

Use the induction information to assist you in completing this checklist – available here: [**https://www.dpaw.wa.gov.au/get-involved**](https://www.dpaw.wa.gov.au/get-involved)

**Registration cannot be completed without this information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Has the volunteer been shown the following local information?** | **Yes** | **No** | **NA** |
| Location of sign-in/out book |  |  |  |
| Emergency exits, assembly areas and safety zones |  |  |  |
| Evacuation plans and procedures |  |  |  |
| Location of first aid kit/s |  |  |  |
| Parks and Wildlife contacts |  |  |  |
| **Has the volunteer received the following induction information?** |  |  |  |
| Roles and responsibilities |  |  |  |
| Workplace health and safety policy |  |  |  |
| Alcohol and other drugs |  |  |  |
| Smoking |  |  |  |
| Wellbeing support |  |  |  |
| Insurance |  |  |  |
| Risk management process |  |  |  |
| Reporting hazards, near-misses and incidents |  |  |  |
| Work Site Sign-In |  |  |  |
| Training, licences and certification requirements |  |  |  |
| PPE |  |  |  |
| Trip hazards |  |  |  |
| Signage |  |  |  |
| Manual tasks |  |  |  |
| Working outdoors, sun safety and hydration |  |  |  |
| Working alone procedures, including check-in times |  |  |  |
| Hazardous substances |  |  |  |
| Vehicle pre-start check and set-up |  |  |  |
| **Program-Specific Checks** |  |  |  |
| Has the volunteer provided emergency contact details? |  |  |  |
| Have copies of applicable training, licences and certifications been obtained? |  |  |  |
| Is a Job Safety Analysis required and has it been completed? |  |  |  |
| **Additional Information** | | | |
|  | | | |

I hereby agree that this volunteer has received the volunteer health and safety induction information and has been made aware of potential hazards in the workplace and how to control them effectively.

Project Supervisor (Print Name):

Signature of Project Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**The supervisor named above is responsible for ensuring completion of the induction is recorded.**