



VOLUNTEER REGISTRATION FORM

This side to be completed by volunteer
Please print clearly and fill out all details

Office use only: Volunteer number:

Project number:

Project name:

SURNAME:		TITLE:	
GIVEN NAMES:		PREFERRED NAME:	
POSTAL ADDRESS:		SUBURB:	POST CODE:
EMAIL ADDRESS (Please print):			
PREFERRED TELEPHONE:			
DATE OF BIRTH: <i>(NB: if under 16, you must be approved and supervised by parent / guardian—co-sign below)</i>		Gender: Male Female Other/unspecified	
Is English your second language? Yes No		Please specify other language spoken:	
Which of the following best describes your current employment status?			
Full time employment	Part time employment	Unemployed	Self employed
Full time home duties	Carer / disability pension	Retired	Student
Are you an Australian resident? Yes No (NB: Non-residents must provide proof of visa work entitlements and travel health insurance – Contact VCU for details)			
Are you of Aboriginal or Torres Strait Islander descent? Yes No		Are you on workers compensation? Yes No If yes, please provide details from employer or their agent separately	
Do you have any pre-existing conditions (incl. allergies) which may affect your ability to undertake work safely? Yes No If yes, provide details:			
Where did you find out about this volunteer opportunity?			
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.			
Please sign using the PDF signing tool or print and sign the form		Signature:	Date:
If under 16 - parent / guardian name:		Signature	
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

Please return completed forms to your 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.dbca.wa.gov.au/get-involved> - NB: **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?	Yes	No	NA
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	Yes	No	NA
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 the volunteer named overleaf has received the volunteer health and safety induction information and Code of Conduct

Please sign using the PDF signing tool or print and sign the form

Project Supervisor (Print Name):

Signature of Project Supervisor:

Date:

If volunteer is under 16 – supervisor approval

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

Email completed form to: PWSVolunteers@dbca.wa.gov.au