



School Holiday Volunteer Registration Form 2011

What dates would you like to volunteer over the school holidays? _____

Mr / Miss _____ First Name: _____ Last Name: _____
 Street Address: _____
 Town/Suburb: _____ State: _____ P/code _____
 Telephone (home): _____ Parent/Guardian Name: _____
 Mobile: _____ Parent/Guardian Mobile: _____
 Email: _____ Parent/Guardian Email: _____
 School: _____ School phone number: _____

Date of Birth: DD/MM/YYYY
 Emergency Contact Person: _____ Relationship: _____
 Telephone (home): _____ Telephone (work): _____
 Email: _____ Mobile: _____

Do you have any medical conditions, allergies, disabilities or past injuries **that may affect your participation?** If yes - please discuss and complete the questions over the page. Yes No

Dietary Requirements (eg. vegetarian): _____

Community Service Coordinator: _____

Community Service Coordinator Signature: _____

Do you give permission for Conservation Volunteers Australia to use your photographs in publications and multimedia? Yes No

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. 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.

Signature: _____ Date
 DD/MM/YYYY

Parent's Signature: _____ Date
 DD/MM/YYYY

or form submitted electronically

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

Initial and date of Staff Member

All declared pre-existing medical conditions discussed with volunteer _____

1. Safety card and safety briefing provided _____
2. All information checked and complete - signed Regional Manager _____
3. Volunteer details entered onto volunteer database _____

Record volunteer ID number here _____

Volunteer Registration Form sent to National Office _____

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.)

- 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 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?
Eg. self medication, avoidance of allergy triggers (specify) etc

5. What is the emergency plan if serious aggravation does occur?

Volunteer

Signature: _____ Name: _____

Date DD/MM/YYYY

Parent

Signature: _____ Name: _____

Date DD/MM/YYYY

Privacy Information

This information is required to safely implement projects under it's 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
PO Box 1076
Fremantle WA 6959
Australia
P: 9335 2777 F: 9335 2755

