

# PIESSE LAKE MAKEOVER

## VOLUNTEER REGISTRATION FORM



Mr, Miss, Ms, Mrs: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Telephone (work): \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth:        /        /        (DAY/MONTH/YEAR) Under 16  (Parent must sign)

Emergency Contact Person: \_\_\_\_\_ Relationship (e.g. Parent, Partner): \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Telephone (work): \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have any special dietary requirements or food allergies?    Yes     No     If yes, please provide further information:

Do you have any medical conditions, allergies, disabilities or past injuries **that may affect your participation**?    Yes     No   
If yes – Please discuss with Volunteer Captain 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 Volunteer Captain of any relevant medical conditions and pre-existing injuries, and I consent to the Volunteer Captain rendering or authorising such medical treatment as necessary and accept responsibility for all associated expenses.
- 2) I am acting in my capacity as a volunteer and not an employee of Katanning Landcare or the Shire of Katanning.
- 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 Volunteer Captain to ensure a safe, happy and hygienic team environment.
- 6) My placement on all projects is at the discretion of the Volunteer Captain.
- 7) Photographs or videos taken of me on a project may be used by Katanning Landcare or Shire of Katanning for promotional purposes.  
Yes         No

I understand that failure to comply with any of these conditions may result in the Volunteer Captain requesting me to leave.

SIGNATURE \_\_\_\_\_ DATE:        /        /

Parent or guardian to sign if under 16

### Office use only – to be initialed and dated by the Volunteer Captain who undertakes each step

	Volunteer Captain to initial and date
1 All declared pre-existing medical conditions discussed with volunteer	
2 Safety briefing provided	
3 All information checked and complete	

## MANAGEMENT PLAN FOR PRE-EXISTING INJURY OR MEDICAL CONDITION

### 1. What is the medical condition, allergy, disability or past injury?

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### 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.

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c) When was the most recent episode?

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### 3. What actions, triggers or situations do you need to avoid?

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### 4. What is the management plan to minimise any aggravation to the condition/injury?

E.g. self-medication, avoidance of allergy triggers (specify) etc

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

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### Volunteer

Signature

Name

Date DD/MM/YYYY

### Volunteer Captain

Signature

Name

Date DD/MM/YYYY