



# 2022 VOLUNTEER REGISTRATION FORM

To be completed by all new volunteer and annually by all volunteers.

Mr Miss Ms Mrs First Name: ..... Last Name: .....  
 Street Address: .....  
 Town/Suburb: ..... Postcode: ..... State: .....  
 Telephone (Home): ..... Telephone (work): .....  
 Mobile: ..... Email: .....  
 Emergency Contact Person: ..... Relationship: .....  
 Telephone (home): ..... Telephone (work): .....  
 Mobile: ..... Email: .....

Are you renewing your Volunteer Registration? Yes  No

Do you have any medical conditions, allergies, disabilities or past injuries **that may affect your ability to participate?**  
*i.e. Manual handling & tool use, walking on uneven ground, exposure to dirt and dust, working in hot, cold or wet weather*

**Please complete and sign all the questions over the page and discuss with the team leader. N/A if not applicable.**

Please circle if you have a current: Driver's Licence First Aid Certificate

Do you have previous experience in horticulture, agriculture or environmental projects? Please list:

.....

What are your goals in volunteering with WCL? .....

.....

### CONDITIONS OF PARTICIPATION:

I agree to comply with the following terms that refer to my participation in all WCL projects and activities:

- 1) I have notified the Project Manager of any relevant medical conditions and pre-existing injuries, and I consent to the Project Manager 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 WCL. I understand that WCL has Voluntary Workers Personal Accident Insurance for volunteers and that volunteers are not provided with any cover under Workers Compensation, which is established for the purpose of paid staff only.
- 3) I will not smoke, consume or store alcohol or illicit drugs while working on a project site.
- 4) I understand that I have obligations to:
  - use personal protective equipment in accordance with established safe work practices
  - that I should raise any matter that gives cause for concern with a WCL representative
  - notify a WCL representative of any hazard, near-miss or injury to myself or others as soon as possible
- 5) I shall respect the rights, feelings and property of all other volunteers & staff associated with projects.
- 6) I shall cooperate with the Project Manager to ensure a safe, happy and hygienic team environment.
- 7) My placement on all projects is at the discretion of the Project Manager.
- 8) I understand that no expenses will be reimbursed unless approved by WCL.

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

SIGNATURE: ..... DATE: ...../...../.....

OFFICE USE ONLY – to be initialled and dated by Nursery Manager who undertakes each step	Nursery Manager initials & date
1 Medical Conditions form <b>completed and signed</b> even if N/A. All declared pre-existing medical conditions discussed with volunteer.	
2 Safety briefing provided	
3 <b>ALL INFORMATION</b> checked & complete (eg: Emergency contact)	



# MANAGEMENT PLAN FOR PRE-EXISTING INJURIES OR MEDICAL CONDITIONS

**To be completed every time a participant registers as a Volunteer. Please indicate if not applicable (N/A) then sign and date. Thank you.**

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.)

- |   |   |
|---|---|
| <input type="checkbox"/> Potentially life threatening | <input type="checkbox"/> Could require medical (doctor, hospital) treatment |
| <input type="checkbox"/> Could require own medication | <input type="checkbox"/> 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?

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

.....  
.....  
.....

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

.....  
.....  
.....

**Volunteer**

Signature ..... Name ..... Date ...../...../.....

**Staff member**

Signature ..... Name ..... Date ...../...../.....

Source: *In Safe Hands* – Conservation Volunteers