

2026 VOLUNTEER REGISTRATION FORM

To be completed by all new volunteers and annually by all volunteers. Thank you.

First Name: Last Name:

Street Address:

Town/Suburb: Postcode: State:

Phone: Email:

Emergency Contact: **Relationship:**

Emergency Contact Phone:

Do you have any medical conditions allergies, disabilities, or past injuries? Yes ☐ No ☐

If Yes: 1. Please provide details: e.g. asthma, high blood pressure, bee sting allergy -

.....

2. Please provide details of your Management Plan and Emergency Action Plan?
e.g. avoid dust and pollen; carry medication at all times, carry EPIPEN...

Emergency Action Plan -

.....

.....

Are you renewing your Volunteer Registration? Yes ☐ No ☐

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

Please list previous experience in horticulture, agriculture or environmental projects?

.....

.....

What are your goals in volunteering with Whitsunday Catchment Landcare Inc. (WCL)?

.....

.....

How did you hear about 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 prior approval by WCL has been provided.

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

Photo permission

I hereby give permission to Whitsunday Catchment Landcare Inc. (WCL) for their use of any photographs taken during the event/s or that I submit to them, for any purpose of promoting Whitsunday Catchment Landcare Inc. (WCL) for or any other Landcare activities.

☐ Yes, I give photo permission ☐ No, I do not give photo permission

Volunteer

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

Staff Member

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

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