# VOLUNTEER REGISTRATION FORM

Mr, Miss, Ms, Mrs: (Circle) First Name:_____Surname:_____

Street Address_____

Suburb _____Postcode: _____

Telephone (Home): _____(Work):_____ (Mobile):_____

Email:_____

Emergency Contact Person - Name: _____Relationship:_____

Telephone (Home): _____(Mobile): _____

Do you have any medical conditions, allergies, disabilities or past injuries that may affect your participation?

❑ YES ❑ NO

**If yes – Please discuss with Volunteer Coordinator and complete the questions on Page 2 of this application.**

**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 Coordinator of any relevant medical conditions and pre-existing injuries, and I consent to the Volunteer Coordinator rendering or authorizing such medical treatment as necessary and accept responsibility for all associated expenses.

. 2) I am a volunteer and not an employee of Port Lincoln Tunarama Inc.

. 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 Coordinator to ensure a safe, happy and hygienic team environment.

. 6) My placement on all projects is at the discretion of the Volunteer Coordinator.

. 7) I give Permission for Photographs or videos taken of me on a project to be used by the Committee for promotional purposes. ❑ YES ❑ NO

***I understand that failure to comply with any of these conditions may result in the Volunteer Coordinator requesting me to leave and my exclusion from further participation in the Volunteer Program.***

***SIGNATURE:_____ DATE: _____/_____/_____**

***N.B. Port Lincoln Tunarama Inc reserves the right to refuse volunteer applicants for any reason, without explanation. All completed Volunteer Applications must be returned to Port Lincoln Tunarama 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 recognize 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 minimize 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:_____Date:_____/_____/_____

**Festival Coordinator** Signature:_____Date: _____/_____/_____

**Office use only** – to be initialed and dated by the Volunteer Coordinator

1. All declared pre-existing medical conditions discussed with volunteer ❑ YES ❑ NO
2. Safety & festival briefing provided OHS induction PART 1 ❑ YES ❑ NO
   PART 2 ❑ YES ❑ NO
3. Child mandate notification CARL training – Copy of Certificate on File ❑ YES ❑ NO
   **(Required for assisting volunteer work with children under 18 years)**
4. Police Check Sighted ❑ YES ❑ NO
   **(Required for assisting volunteer work with children under 18 years)**
5. Other Certificates ❑ YES ❑ NO
   If yes please specify:_____

***Volunteer Coordinator to initial and date:***_____