



Volunteer Registration Form

Mr, Miss, Ms or Mrs: _____ First Name: _____ Last Name: _____

Street Address: _____

Town/Suburb: _____ Postcode: _____

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

Email: _____

Date of Birth: ____ / ____ / ____

Emergency Contact Person: _____ Relationship: _____

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

Email: _____

Do you have any medical conditions, allergies, disabilities or past injuries **that may affect** you volunteering?
Yes **No** (please circle)

If yes, please complete the required questions over the page and discuss with Tasman Council's Community Liaison Officer.

CONDITIONS OF PARTICIPATION

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

- 1) I will take reasonable steps for my own safety and that of others that may be affected by my work with all care, skill and diligence.
- 2) I have notified Tasman Council of any relevant medical conditions and pre-existing injuries, and I consent to my direct Supervisor rendering or authorising such medical treatment as necessary and accept responsibility for all associated expenses.
- 3) I am a volunteer and not an employee of Tasman Council.
- 4) I will **NOT** smoke, consume or store alcohol or illicit drugs whilst working on a Project/Event or within any Tasman Council owned facility.
- 5) I shall respect the rights, feelings and property of all others associated with Projects/Events and activities.
- 6) I shall cooperate with Tasman Council to ensure a safe, happy and hygienic team environment.
- 7) Photographs or videos taken of me at a Project/Event or activity may be used by Tasman Council or Special Committee for promotional purposes.
- 8) I have received and understood Tasman Council's Volunteer Handbook provided to me.

I understand that failure to comply with any of these conditions may result in Tasman Council terminating my services as a volunteer.

SIGNATURE _____

DATE: / /

OFFICE USE ONLY – to be initialled and dated by a Council Officer who undertakes each step.

STATEMENT	INITIALS	DATE
1. All declared pre-existing medical conditions discussed with volunteer.		
2. Safety briefing has been provided.		
3. All information has been checked and complete.		

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 if applicable)

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 / /

Council Officer

Signature _____ Name _____ Date / /