



WOMBATS SA

(NATURAL HISTORY SOCIETY OF SOUTH AUSTRALIA INC)

Volunteer Registration Form

1. Title: _____ Name: _____ Date: _____
 Street Address: _____
 Town/Suburb: _____ Postcode: _____
 Home phone: _____ Mobile: _____
 Email: _____
2. Age: _____
3. Emergency Contact Person: _____ Relationship: _____
 Home phone: _____ Work Phone: _____
 Email: _____ Mobile: _____
4. Do you have any medical conditions, allergies, disabilities or past injuries **that may affect your participation?**
 Yes No If yes – please discuss and complete the questions over the page.
5. Dietary Requirements (e.g. veg, lactose): _____
6. Occupation: _____
 If employed - name of employer: _____
 If studying - name of education institution: _____
7. Would you like to be added to an email list to receive updates from Wombats SA? Yes No
8. Would you like to receive information about becoming a member of Wombats SA? Yes No

Conditions of Participation

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

1. I have notified Wombats SA of all relevant medical conditions and pre-existing injuries, and I consent to Wombats SA 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 the Wombats SA.
3. I shall respect the rights, feelings and property of all others associated with the projects.
4. I shall cooperate to ensure a safe, happy and hygienic team environment.
5. My placement on all projects is at the discretion of the Wombats SA.
6. Photographs or videos taken of me on a project can be used for promotional purposes.
7. Any photographs I take while engaged in volunteer activities with Wombats SA and publish will give due credit to Wombats SA.
8. I will comply with Wombats SA policies, while also accepting responsibility for my own safety and the safety of my personal belongings. Furthermore, I will not knowingly or carelessly endanger the safety and welfare of any other participants in Wombats SA activities, or endanger the safety of their personal belongings.

I understand that failure to comply with any of these conditions may result in Wombats SA requesting me to leave, and that I may also forego all entitlements relating to projects and payments.

Signature: _____ Date: _____

Please mark here if form is submitted electronically.

WOMBATS SA USE ONLY – to be initialed and dated by the Wombats SA Volunteer Coordinator who undertakes each step.

		Initials	Date
1.	All declared pre-existing medical conditions discussed with volunteer		
2.	Safety card and safety briefing provided		
3.	All information checked and complete		
4.	Volunteer details entered onto volunteer database		
	Record volunteer ID number here	Vol. #:	
5.	Volunteer Registration Form retained in Wombats SA records		

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 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 _____

Please mark here if form is submitted electronically.

Wombats SA Volunteer Coordinator

Signature: _____ Name: _____ Date _____

Please mark here if form is submitted electronically.

Privacy Information

This information is required to safely implement projects under Wombats SA management and to better serve volunteers and project partners.

Not supplying all the required information may result in not being able to participate in a Wombats SA project.

This information will be stored in a secure manner in accordance with the Privacy Amendment (Private Sector) Act 2000.

This information will be disclosed only to those responsible for the implementation of projects.

For more information on the information collected, used and stored, please contact the Public Officer of Wombats SA -



Dr Peter Clements
Mobile: 0417 881 658
PO Box 410, Blackwood, SA 5051
Email: peterrclements@gmail.com