

## Volunteer Registration Form 2018



Healthy Parks  
Healthy People

Please complete and return to Parks Victoria in person or via [volunteer@parks.vic.gov.au](mailto:volunteer@parks.vic.gov.au)

### Volunteer Details:

Full Name:

Address:

Email:

Phone Number:

### Emergency Contact Details:

Full Name:

Relationship:

(eg parent/partner)

Phone Number:

(Mobile):

(Home/Work):

### Accreditations (if relevant):

Drivers Licence (details):

(Number)

(Expiry)

First Aid Certificate (details):

(Expiry)

Current Police Check:

Yes / No

Working with Childrens Check:

Yes / No (Number)

(Expiry)

Other (Please list):

### Pre existing Medical Conditions

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

Yes ☐ No ☐

If yes – Parks Victoria staff or Volunteer group leader will complete a medical management form with you

### Optional Demographic Information

If entered, we use this information for internal reporting purpose only and do not share with anybody outside of the Parks Victoria network.

Gender:

What ethnicity do you most relate to:

Which age group are you within:

What best describes your current situation:

## Volunteer Registration Form 2018



Healthy Parks  
Healthy People®

### Volunteer Terms and Conditions

1. I understand my role is voluntary and I am not an employee of Parks Victoria.
2. I have declared any relevant medical conditions and pre-existing injuries, and I consent to Parks Victoria authorising medical treatment as necessary.
3. I will actively participate in any necessary training and induction sessions provided, and will adhere to Parks Victoria's guidelines and follow all directions provided.
4. I will participate in a safe manner, following all Occupational Health and Safety policies and procedures and report any accident or injury immediately.
5. I will remain professional at all times, and respectful of visitors, volunteers and Parks Victoria staff.
6. I will wear appropriate clothing for the activity as detailed in the volunteer activity information and/or if a uniform is provided I will wear it as provided upholding Parks Victoria's professional image.
7. I understand volunteer information I provide is subject to Victorian privacy laws.
8. I have the necessary checks, licences and/or competency for required activities were necessary
9. I understand when joining a **volunteer activity** on ParkConnect the activity organiser has access to some of my registration details including the contact information.
10. I understand when joining a **volunteer group** on ParkConnect the group leader will have access to some of my online registration details including contact information.
11. Parks Victoria has the right to cancel, postpone or remove volunteers if deemed necessary.
12. I understand that failure to comply with any of these conditions may result in Parks Victoria requesting me to leave.

### Volunteer Signature

I declare that the information on this form is correct and I agree to comply to the volunteer terms and conditions:

Name:

Signature:

Date: