



VOLUNTEER REGISTRATION FORM

This side to be completed by volunteer
Please print clearly and fill out all details

Office use only: Volunteer number:

Project number:

Project name:

SURNAME:		FIRST NAME:	
EMAIL ADDRESS (Please print): Used for DBCA-related communications, opt out at any time			
POSTAL ADDRESS:		SUBURB:	POST CODE:
DATE OF BIRTH: <i>(NB: if under 16, you must be approved and supervised by parent / guardian—co-sign below)</i>			
PREFERRED PHONE:			
Gender:	Male	Female	Other/unspecified
Is English your second language? Yes		No	
Which of the following best describes your current employment status?			
Full time employment	Part time employment	Unemployed	Self employed
Full time home duties	Carer / disability pension	Retired	Student
Are you an Australian resident? Yes		No	
<i>(NB: Non-residents must provide proof of visa work entitlements and travel health insurance – Contact VCU for details)</i>			
Are you of Aboriginal or Torres Strait Islander descent?		Yes	No
Do you have any pre-existing conditions (incl. allergies) which may affect your ability to volunteer safely?		Yes	No
If yes, provide details:			
Where did you find out about this volunteer opportunity?			
EMERGENCY CONTACT DETAILS: Name:		Phone Number:	
I (name) confirm that I have received and acknowledge DBCA's Volunteer Code of Conduct and Health and Safety induction. I agree to abide by the requirements as explained in the documents and I understand that failure to do so may result in my deregistration as a volunteer.			
I understand that my data will be held on a secure computer system. I hereby consent to this information being stored (in any format), and processed as required for the purposes of my prospective volunteer status by DBCA, on condition that the information will, so far as possible, be kept confidential.			
I permit DBCA to use my image for training, promotional, media and other non-commercial purposes as appropriate.			
Please sign using the PDF signing tool or print and sign the form		Signature:	Date:
If under 16 - parent / guardian name:		Signature	
Please note that by signing this document you are acknowledging the above is true and correct			

Health & safety checklist overleaf must be completed by PROJECT SUPERVISOR

Please return completed forms to your project supervisor



HEALTH AND SAFETY INDUCTION CHECKLIST - To be completed by Project supervisor

The checklist below is for use by supervisors to ensure volunteers are aware of potential hazards and understand department policies and guidelines. This must be completed prior to the volunteer undertaking work for the department. The project supervisor may be a delegated volunteer.

Induction information, including WHS, Code of Conduct and Volunteer Handbook to assist in completing this checklist are available here: www.dbca.wa.gov.au/parks-and-wildlife-service/volunteering-with-parks-and-wildlife-service

NB: Registration cannot be completed without this information

Has the volunteer been advised of the following local information?	Yes	No	N/A
Location of sign-in/out book / form			
Emergency exits, assembly areas and evacuation plans			
Location of first aid kit			
Has the volunteer received the following induction information?	Yes	No	N/A
Their role and responsibilities			
Workplace Health, Safety and Wellbeing policy			
Fitness for work			
Smoking			
Wellbeing support			
Insurance and limitations - see Volunteer Handbook			
Reporting hazards and incidents			
Work Site Sign-In			
Training, licences and certification requirements			
Uniform for work			
Signage			
Manual tasks			
Working outdoors, sun safety and hydration			
Working alone procedures, including check-in times			
Hazardous substances			
Driving			
Program-Specific Checks	Yes	No	N/A
Has the volunteer provided emergency contact details?			
Have copies of applicable training, licences and certifications been sighted / obtained?			
Is a Job Safety Analysis required and has it been completed?			
Additional Information			
In addition to the general induction, a local site-specific safety induction is required			

I hereby agree that the volunteer named overleaf has received the DBCA volunteer health and safety induction information and Code of Conduct

Project Supervisor (Print Name):

Signature of Project Supervisor:

Date:

If volunteer is under 16 – supervisor approval

Please sign using the PDF signing tool or print and sign the form before forwarding completed form to: PWSVolunteers@dbca.wa.gov.au

The supervisor named above is responsible for ensuring completion of the pre-work and WHS induction and providing a safe work environment for the volunteer.