



Volunteer Registration Form

First Name: _____ Surname: _____

Street Address: _____

Town/Suburb: _____ Post Code: _____

Country: _____

Telephone (home): _____ Email: _____

Occupation: _____ Date of birth: _____

Emergency Contact: _____ Relationship: _____

Telephone (day): _____ Telephone (night): _____

Do you have any medical conditions allergies, disabilities or past injuries that may affect your participation? Yes / No

If yes: 1. Please provide details: _____

(e.g. Asthma)

2. Please provide details of your Management Plan and Emergency Action Plan?

e.g. *Management Plan – avoiding dust and pollen & carry medication at all times.*

Emergency Action Plan – seek medical assistance if having an asthma attack)

How did you hear about Sarina Landcare Catchment Management Association Inc.?

Sarina Landcare Catchment Management Association Inc.

Postal Address:

PO Box 682

Sarina Q 4737

Phone: (07) 4956 1388

Fax: (07) 4943 1398

Email: slcma@mcs.net.au

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CONDITIONS OF PARTICIPATION:

I agree to comply with the following terms that refer to my participation in all Sarina Landcare Catchment Management Association Inc. (SLCMA) activities:

1. I have notified SLCMA of all relevant medical conditions and pre-existing injuries, and I consent to SLCMA staff rendering or authorising such medical treatment as necessary and I accept all responsibility for all associated expenses.
2. I am a volunteer and not an employee of SLCMA.
3. I will not smoke, consume alcohol or illicit drugs on SLCMA premises, project sites or vehicles.
4. I shall respect the rights, feelings and property of all others associated with SLCMA projects.
5. I shall cooperate with SLCMA to ensure a safe, happy and hygienic team environment.
6. My placement on all projects is at the discretion of SLCMA.

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

SIGNATURE: _____ DATE: _____

SICMA OFFICE USE ONLY:

Date Registered by Office: _____ Registered by:

Sarina Landcare Catchment Management Association Inc.

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