

Address: 101 Sarina Beach Road
Sarina Qld 4737
Phone: (07) 4956 1388



Email: admin@sarinalandcare.org.au
ABN: 75 953 668 479
Website: www.sarinalandcare.org.au

Volunteer Registration Form

(Review Annually)

First Name: _____ **Surname:** _____

Street Address: _____

Town/Suburb: _____ **Post Code:** _____

Phone: _____ **Email:** _____

Occupation: _____ **Date of birth:** _____

Emergency Contact: _____ **Relationship:** _____

Emergency Contact Phone: _____

Do you have any medical conditions allergies, disabilities, or past injuries?
Yes / No

If yes: 1. Please provide details: _____

(e.g. Asthma, High Blood Pressure, Bee Stings, etc)

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

*e.g. Management Plan – avoiding dust and pollen & carry medication at all time,
carry Epi-pen,*

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

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

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CONDITIONS OF PARTICIPATION:

SLCMA and its staff, members and volunteers have a responsibility to create and maintain a safe working environment.

As such, 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.

Photo permission

I hereby give permission to Sarina Landcare Catchment Management Association for their use of any photographs taken during the event/s or that I submit to them, for any purpose of promoting Sarina Landcare Catchment Management Association or any other Landcare activities.

Yes, I give photo permission

No, I do not give photo permission

NAME: _____

SIGNATURE: _____ DATE: _____
(If under 18, parent/guardian)

With the support of QWaLC and the Qld Govt Sarina Landcare holds appropriate and current insurance coverage with Public Liability to \$30m

SLCMA OFFICE USE ONLY: Date joined

Date Registered by Office: _____ Registered: _____