



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: Pilbara Wildlife Carers Association Inc

SURNAME:		TITLE: (Mr / Mrs / Miss / Ms / Dr / Rev.)	
GIVEN NAMES:		PREFERRED NAME:	
POSTAL ADDRESS:		Post Code:	
EMAIL ADDRESS (Please Print):			
TELEPHONE: Home:		Work:	Mobile:
DATE OF BIRTH :		Are you: Male <input type="checkbox"/> Female <input type="checkbox"/>	
<small>Applicants should be over 16 years or contact Volunteer Coordinator</small>			
Is English your second language? Yes <input type="checkbox"/> No <input type="checkbox"/>		Please specify other language spoken:	
Which of the following best describes your main usual activity?			
Carers / disability pension <input type="checkbox"/> Full time employment <input type="checkbox"/> Full time home duties <input type="checkbox"/> Interstate Visitor <input type="checkbox"/>			
Part-time employment <input type="checkbox"/> Retired <input type="checkbox"/> Self-employed <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/>			
Are you an Australian resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(NB: Non-residents must provide proof of valid travel health insurance as they are not covered by the department's Insurance policy).			
Are you of Aboriginal or Torres Strait Islander descent? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you on workers compensation or sick leave? Yes <input type="checkbox"/> No <input type="checkbox"/>	
EMERGENCY CONTACT DETAILS: Name: Phone Number:			
<p>I (name) _____ confirm that I have received, read and acknowledged Parks and Wildlife's Code of Conduct and Volunteer Health and Safety induction. I agree to abide by the expectations and requirements as explained in the documents and I understand that failure to do so may result in my deregistration as a volunteer.</p> <p>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 Parks and Wildlife, on condition that the Department will, so far as possible, keep such information confidential.</p> <p>I permit Parks and Wildlife to use my image for training, promotional, media and other non-commercial purposes as appropriate.</p> <p>Signature: _____ Date: _____</p> <p>Please note that by signing this document you are acknowledging the above is true and correct.</p>			

Health & safety checklist overleaf must be completed by 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.

Use the induction information and volunteer handbook to assist you in completing this checklist.

The volunteer health and safety induction information is available at:

<https://www.dpaw.wa.gov.au/get-involved>

Registration cannot be completed without this information

Has the volunteer been shown the following local information?	Yes	No	NA
Location of sign-in/out book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency exits, assembly areas and safety zones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation plans and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of first aid kit/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parks and Wildlife contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the volunteer received the following induction information?			
Roles and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workplace health and safety policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellbeing support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk management process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reporting hazards, near-misses and incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Site Sign-In	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training, licences and certification requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working outdoors, sun safety and hydration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working alone procedures, including check-in times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle pre-start check and set-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program-Specific Checks			
Does the volunteer have any pre-existing conditions which may compromise their ability to undertake work safely? If yes, provide details below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the volunteer provided emergency contact details?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have copies of applicable training, licences and certifications been obtained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a Job Safety Analysis required and has it been completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information			

I hereby agree that this volunteer has received the department's health and safety induction and has been made aware of potential hazards in the workplace and how to control them effectively.

Project Supervisor (Print Name):

Signature of Project Supervisor: _____

Date:

The supervisor named above is responsible for ensuring completion of the induction is recorded.