

Volunteer Registration and Contact Details

The following information is for our office records. This information is strictly confidential and will not be used for any other purpose than proper record keeping.

Personal Details

Name:

Address:

Post code:

Phone: (H) (W) (M)

Email:

Emergency Contact Person

Name	Relationship (parent, partner)	
Phone (W)	Phone (H)	Mobile

Further Information

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

Yes No

If yes – Please discuss with the Volunteer Coordinator and complete the questions over.

Conditions of Participation

I agree to comply with the following terms that refer to my participation in all projects and activities:

1. I have notified the Volunteer Coordinator of any relevant medical conditions and pre-existing injuries, and I consent to the Volunteer Coordinator rendering or authorising such medical treatment as necessary and accept responsibility for all associated expenses.
2. I am a volunteer and not an employee of the Committee.
3. I will not smoke, consume or store alcohol or illicit drugs while working on a project site.
4. I shall respect the rights, feelings and property of all others associated with projects.
5. I shall cooperate with the Volunteer Support Coordinator to ensure a safe, happy and healthy team environment.
6. My placement on all projects is at the discretion of the Volunteer Support Coordinator.
7. Photographs or videos taken of me on a project may be used by the Committee for promotional purposes.
8. agree that I will maintain at all times the confidentiality of all privileged or proprietary information to which I am exposed whilst working as a volunteer/employee with the Ballarat Renewable Energy and Zero Emissions Incorporated (BREAZE), whether this

I understand that failure to comply with any of these conditions may result in the Volunteer Support Coordinator requesting me to leave.

SIGNATURE

DATE.....

Management Plan for Pre-existing Injury or Medical Condition

1. What is the medical condition, allergy, disability or past injury?

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2. Information about the Condition/Injury

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(a) How serious is the condition if aggravated? (Tick one or more of the following.)

- Potentially life threatening
- Could require medical (doctor, hospital) treatment
- Could require own medication
- Could require rest or time off work

(b) In your own words tell us how we recognise that your condition has recurred or been aggravated.

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(c) When was the most recent episode?

.....

3. What actions, triggers or situations do you need to avoid?

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4. What is the management plan to minimise any aggravation to the condition/injury?

E.g. self medication, avoidance of allergy triggers (specify) etc

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5. What is the emergency plan if serious aggravation does occur?

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Volunteer

Volunteer Support Coordinator

Signature.....

Signature

Name

Name.....

Date.....

Date.....

Office use only – to be initialled and dated by the Volunteer Support Coordinator who undertakes each step

Volunteer Support Coordinator to initial and date

1 All declared pre-existing medical conditions discussed with volunteer		
2 Safety briefing provided		
3 All information checked and complete		