Department of **Biodiversity, Conservation and Attractions**

PARKS AND WILDLIFE SERVICE

PWS205

Office use only:
Volunteer number:

VOLUNTEER REGISTRATION FORM

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

Project number: 1.1.07 **Project name:** Bibbulmun Track Foundation

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: *(NB: if under 16, you **must** be approved and supervised by parent / guardian–co-sign below)*		
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 ☐ ***(NB: Non-residents must provide proof of visa work entitlements and travel health insurance – Contact VCU for details)***		
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

Department of Biodiversity, Conservation and Attractions

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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.