



# Friends Group

## VOLUNTEER REGISTRATION FORM

CONFIDENTIAL

The City of Kalamunda values its volunteers and thanks you for your interest in the Friends Group Program.

**Confidentiality:** Maintaining the confidentiality of your personal information is of utmost concern to us. This information will be held in confidence and will only be used for insurance purposes and to assist the City in placing you in a position that will best utilise your skills and experience.

The information collected will not be disclosed to anyone who is not managing Volunteers or outside of Human Resources.

If you would like assistance in completing this form, please don't hesitate to contact your point of contact in the Parks & Environment team, or Human Resources on 08 9257 9856. The City of Kalamunda thanks you for volunteering your time and contributing to our community.

Please complete and return to [environment@kalamunda.wa.gov.au](mailto:environment@kalamunda.wa.gov.au)

### 1. Contact Information

First name	Last name	Preferred Name
Current Address		
Postal Address		
Phone - Home	Work	Mobile
Email Address		
Best method and time to contact you		

### 2. Next of Kin/Emergency Contact

Name
Nature of Relationship
Telephone No



## 2. Reserve Details

Member of the Friends of (Name of Reserve)

At (Reserve Address)

Reserve Code No

I will be acting as a Delegated Coordinator Yes No

## 3. Parental Consent

*This section of the application form must be completed by all **applicants 16 years of age and under.***

Parent/Guardian's Name

Relationship to Applicant

Email

Mobile

Phone

I give permission for the applicant to work as a volunteer for the Shire of Kalamunda

Parent/Guardian's signature

Date

## 4. Medical Information

*Under the WA OSH Act 1984 Local Government has a duty of care to ensure the safety and health of any members of the public that have access to Local Government sites – this includes volunteers. Answers to the following questions will ensure that you are engaged for voluntary work that is appropriate to your fitness for work and ensure the safety and health of those in our volunteer's care.*

Do you have any existing medical disability, condition, allergy or injury?

Yes No

How serious is the condition if aggravated?

Potentially life threatening

Could require medical treatment (doctor, hospital etc.)

Could require own medication

Could require rest or time off work

How could we recognise if your condition has recurred or been aggravated?

When was your most recent episode?

What is the management plan to minimise the condition?

What is the emergency plan if serious aggravation does occur?

Additional information attached



## 5. Volunteer Declaration

*I agree to comply with the following terms and conditions that refer to my participation in all voluntary work for Local Government.*

I am applying to work as a volunteer

I shall respect the rights, feelings and property of all others associated with my activities

I declare that the information contained in this application is true and correct

I understand that I may be required to undergo an interview, have reference checks conducted and a background check (National Police Clearance and/or Working with Children Check etc)

I understand that I will be required to undertake an Induction prior to my commencement

I will not smoke, consume, store or work under the influence of alcohol or illicit drugs

I shall cooperate with the Friends Group Manual instructions to ensure a safe team environment

I acknowledge that health and safety are the responsibility of all those involved in the Group's activities and workplace

I will not operate chainsaws without written approval from the City

I will wear appropriate protective clothing and equipment at all times

I will ensure that children under my care are supervised at all times

I will maintain an accurate record of the time I spend on Volunteer activities for examination by the City and Insurance Company in the case of an accident

I recognise that, for insurance purposes, we are acting in our own right and not linked to any incorporated group

I recognise that insurance cover will only be available on reserves vested in the City of Kalamunda and that the City will not accept responsibility for any activities undertaken on other reserves

I will ensure that I only undertake Volunteer activities during daylight hours

I will notify the Friends Group Officer of any unsafe conditions or objects (sharps, asbestos etc) whilst undertaking volunteer activities

Signature

Name (please print)

Date



Please return this form as soon as possible to

**Parks & Environmental Services**

Post: City of Kalamunda, PO Box 42, Kalamunda WA 6076

Email: [environment@kalamunda.wa.gov.au](mailto:environment@kalamunda.wa.gov.au)