

Volunteer Registration Form

for individual and community group volunteers (to be completed by volunteer prior to project)



Family name:				Given names			
Age (yrs):		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>		
Address:						Postcode	
Phone (h):		Phone (w):		Phone (m):			
Email:							
Emergency contact						Phone:	
Emergency contact's relationship with applicant							
Have you participated in a NPWS volunteer program before ?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list when and where:							
Are you seeking to undertake a particular volunteer activity ?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify, including which park (if known):							

Please indicate (with a tick) your availability for volunteering with NPWS

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please indicate your relevant skills / interests that will help NPWS to place you in the most appropriate and enjoyable volunteer project

<input type="checkbox"/> Accounting	<input type="checkbox"/> First aid	<input type="checkbox"/> Research	<i>Please list any other relevant skills ?</i>
<input type="checkbox"/> Art	<input type="checkbox"/> Graphics	<input type="checkbox"/> Bushwalking	
<input type="checkbox"/> Horticulture	<input type="checkbox"/> Skiing	<input type="checkbox"/> Zoology	
<input type="checkbox"/> Geographic Info Systems	<input type="checkbox"/> Librarian	<input type="checkbox"/> Supervision	
<input type="checkbox"/> Bush regeneration	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Carpentry	
<input type="checkbox"/> Botany	<input type="checkbox"/> Map reading	<input type="checkbox"/> Word processing	
<input type="checkbox"/> Clerical	<input type="checkbox"/> Writing	<input type="checkbox"/> Databases	
<input type="checkbox"/> Photography	<input type="checkbox"/> Public speaking	<input type="checkbox"/> Drafting	
<input type="checkbox"/> Rock climbing	<input type="checkbox"/> Driver's licence	<input type="checkbox"/> Newsletter production	<i>Second language ? Please specify</i>
<input type="checkbox"/> Whale rescue	<input type="checkbox"/> Wildlife survey	<input type="checkbox"/> Teaching	
<input type="checkbox"/> Oil spill response	<input type="checkbox"/> Event organisation	<input type="checkbox"/> Tourist guide	
<input type="checkbox"/> kayaking or rafting			

Appendix F1

Please provide your relevant information to help NPWS to develop future volunteer activities

Age group	Current employment	Nationality	How did you hear about volunteering for NPWS ?
<input type="checkbox"/> Under 18 years	<input type="checkbox"/> Student	<input type="checkbox"/> Australian, non indigenous	<input type="checkbox"/> Word of mouth
<input type="checkbox"/> 19 - 24 years	<input type="checkbox"/> Retired		<input type="checkbox"/> Brochure / poster
<input type="checkbox"/> 25 - 29 years	<input type="checkbox"/> Part time employment	<input type="checkbox"/> Australian, indigenous	<input type="checkbox"/> Newspaper
<input type="checkbox"/> 30 - 39 years	<input type="checkbox"/> Full time employment	<input type="checkbox"/> Other, please specify	<input type="checkbox"/> Internet
<input type="checkbox"/> 40 - 49 years	<input type="checkbox"/> Unpaid labour force	English is my first language <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> NPWS staff member
<input type="checkbox"/> 50 - 59 years	<input type="checkbox"/> <i>Other, please specify</i>		<input type="checkbox"/> <i>Other, please specify</i>
<input type="checkbox"/> 60 years and over			
Do you have any medical considerations / restrictions that may affect your volunteering tasks ?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details, including any medication that NPWS project staff should know about.			
Please list any known allergies (eg. bee stings, penicillin)			

Do you permit the NPWS to store the information you have provided on this form (other than medical information) on a volunteer database, so that NPWS may contact you, sometime in the future, regarding relevant future volunteering opportunities ?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Note: Personal information collected by the NPWS is subject to the *Privacy and Personal Information Protection Act 1998* and will not be disclosed to any other party without your consent.

Applicant's name			
Applicant's signature		Date:	/ /
Parent / Guardian's name (for volunteers under 18 years of age)			
Parent / Guardian's signature		Date:	/ /