

VOLUNTEER REGISTRATION FORM

(To be completed when joining the FMBG and updated annually by all Volunteers)

Given Name _____	Family Name _____
Street Address _____	
Town / Suburb _____	Postcode _____
Telephone (home) _____	Mobile _____
Email _____	

Emergency Contact Person _____	
Relationship: (e.g. Parent, Partner) _____	
Telephone (home) _____	Mobile _____

Do you have any medical conditions, allergies, disabilities, past injuries or take any medications that may affect your participation? Yes No

*If **yes**, please discuss with your Friends Group Activity Leader. It is the volunteer's responsibility to update the Activity Leader of any changes to your health or medical condition when attending working bees.*

Please sign below when the volunteer has been inducted to the work of the Friends Group and discussed relevant safety information and volunteer responsibilities with the Activity Leader.

ACTIVITY LEADER		VOLUNTEER	
All declared pre-existing medical conditions discussed with volunteer	<input type="checkbox"/>	<input type="checkbox"/>	I have informed Activity Leader of any relevant medical conditions that may affect my work with the group
Safety briefing has been provided	<input type="checkbox"/>	<input type="checkbox"/>	I have read and understood the OH&S information and know where the first aid kit is located
All information has been checked and is complete	<input type="checkbox"/>	<input type="checkbox"/>	I have read and understood all identified risk and safety prompts
Volunteer responsibilities discussed with volunteer	<input type="checkbox"/>	<input type="checkbox"/>	I understand my responsibilities as a volunteer
Signature			Signature
Date			Date