



Friends of the
Melton Botanic Garden Inc.

VOLUNTEER REGISTRATION FORM

(To be completed when initially volunteering with 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 participating

Working With Children Check Yes No → Reason for No _____

WWCC Number: _____ Expiry Date: ___/___/___

Note: You must have a WWCC or equivalent and to add FMBG to your WWCC.

Please sign below once volunteer induction completed and the relevant safety information and volunteer responsibilities have been covered with the Safety Officer.

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