

ADELAIDE DOLPHIN SANCTUARY ACTION GROUP

VOLUNTEER REGISTRATION FORM

PERSONAL INFORMATION

Name:	Date of Birth:
Street Address:	
Suburb / Town:	Postcode:
Telephone (H):	Telephone (M):
Email Address:	
Preferred method of contact (for activity information) Email: <input type="checkbox"/> Post: <input type="checkbox"/> Phone: <input type="checkbox"/>	
Best time to call:	

If you are under the age of 18, this registration must be co-signed by a parent or guardian

EMERGENCY CONTACT DETAILS

Name:	Relationship:
Telephone (H):	Telephone (M):

SKILLS / EXPERIENCE / QUALIFICATIONS

Can you swim? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you feel comfortable in a small vessel where you may be required to sit on the floor, balance yourself, or do physical activities like lifting, etc...? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any specialised skills, experience or qualifications? e.g. First Aid Certificate, Boat Licence.. etc Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide information:

Please provide the DEWNR Liaison officer with a copy of any applicable certificate, licence and/or qualification to either be scanned or sighted and specifics (e.g. expiry date) recorded.

MEDICAL INFORMATION:

Do you have any health/medical issues that may affect your participation? Yes No

Management for pre-existing injury or medical condition (optional)

How serious is the condition(s) if aggravated?

Not serious, can be self-managed

Could require medical treatment

Could require hospitalisation

Potentially life threatening

What actions, situation or triggers need to be avoided?**What is the emergency plan if serious aggravation occurs?****Logistical information:**

- I have my own vehicle (or access to a vehicle)
- I am able to provide transport to other volunteers
- I have my own vessel
- I have a boat licence

Reasons for joining the ADS volunteer group:

- Interest for the local environment in Port Adelaide
- Interest in Marine mammals and especially dolphins
- Learn new skills
- Spend time outdoors
- Meet new people

CONDITIONS OF PARTICIPATION AS DEWNR VOLUNTEER

I agree to comply with the following terms that refer to my participation in all projects and activities:

- I will comply with the Department of Environment, Water and Natural Resources ("DEWNR") policies, procedures and lawful reasonable instructions as determined by the DEWNR liaison officer.
- I will comply with DEWNR's safety requirements and risk management procedures.
- I understand that I am volunteering my services and I will not receive any remuneration for those services.
- I will comply with reasonable instructions/directions from an activity team leader.
- I will not consume alcohol or illicit drugs or be under the influence of alcohol or illicit drugs, while volunteering on an activity, in accordance to DEWNR policy.
- I will respect the rights, property and feelings of others associated with the activity.
- Photographs and/or videos taken of me at an activity may be used by DEWNR for promotional purposes. If I do not wish my photo to be taken at an activity I will convey this to the activity team leader on the day.
- I understand that I may be required to have a police check for some specific activities.

Full Name:	Signature (Volunteer): Date:
Full Name:	Co-signature (Parent/Guardian) if volunteer is under the age of 18: Date:
Full Name:	Signature (DENR Liaison Officer): Date: