



Natural History Society of South Australia

INCORPORATED

Volunteer Registration Form

1. Mr, Miss, Ms, Mrs: _____ First Name: _____ Last Name: _____
Street Address: _____
Town/Suburb: _____ Postcode: _____
Telephone (home): _____ Mobile: _____
Email: _____
2. Date of Birth: _____
3. Emergency Contact Person: _____ Relationship: _____
Telephone (home): _____ Telephone (work): _____
Email: _____ Mobile: _____
4. Do you have any medical conditions, allergies, disabilities or past injuries **that may affect your participation?**
☐ Yes ☐ No If yes – please discuss and complete the questions over the page.
5. Dietary Requirements (e.g. vegetarian): _____
6. Occupation: _____
If employed - name of employer: _____
If studying - name of education institution: _____
7. Would you like to be added to an email list to receive updates from the Natural History Society Inc?
☐ Yes ☐ No If yes, please ensure you have included your email address above.
8. Would you like to receive information about becoming a member of the Natural History Society Inc?
☐ Yes ☐ No If yes, please ensure you have included your email address above.

Conditions of Participation

I agree to comply with the following terms that refer to my participation in all Natural History Society of SA Inc (NHSSA) projects and activities:

1. I have notified NHSSA Fellows of all relevant medical conditions and pre-existing injuries, and I consent to Natural History Society of SA Inc rendering or authorising such medical treatment as necessary and accept responsibility for all associated expenses.
2. I am a volunteer and not an employee of the NHSSA.
3. I shall respect the rights, feelings and property of all others associated with the projects.
4. I shall cooperate to ensure a safe, happy and hygienic team environment.
5. My placement on all projects is at the discretion of the NHSSA.
6. Photographs or videos taken of me on a project can be used for promotional purposes.
7. I will comply with NHSSA policies, while also accepting responsibility for my own safety and the safety of my personal belongings. Furthermore, I will not knowingly or carelessly endanger the safety and welfare of any other participants in NHSSA activities, or endanger the safety of their personal belongings.

I understand that failure to comply with any of these conditions may result in NHSSA requesting me to leave, and that I may also forego all entitlements relating to projects and payments.

Signature: _____ Name: _____ Date: _____

☐

Please mark here if form is submitted electronically.

NHSSA USE ONLY – to be initialed and dated by the NHSSA Fellow who undertakes each step.

Initials

Date

1.	All declared pre-existing medical conditions discussed with volunteer		
2.	Safety card and safety briefing provided		
3.	All information checked and complete		
4.	Volunteer details entered onto volunteer database		
	Record volunteer ID number here	Vol. #:	
5.	Volunteer Registration Form retained in NHSSA Records		

Management Plan for Pre-existing Injury or Medical Condition

1. What is the medical condition, allergy, disability or past injury?
2. Information about the condition/Injury
 - a) How serious is the condition if aggravated? (Tick one or more of the following.)

<input type="checkbox"/> Potentially life threatening	<input type="checkbox"/> Could require medical (doctor, hospital) treatment
<input type="checkbox"/> Could require own medication	<input type="checkbox"/> Could require rest or time off work
 - b) In your own words tell us how we recognise that your condition has recurred or been aggravated.
 - c) When was the most recent episode?
3. What actions, triggers or situations do you need to avoid?
4. What is the management plan to minimise any aggravation to the condition/injury?
[e.g. self medication, avoidance of allergy triggers (specify) etc]
5. What is the emergency plan if serious aggravation does occur?

Volunteer

Signature: _____ Name: _____ Date _____

☐ Please mark here if form is submitted electronically.

NHSSA Fellow

Signature: _____ Name: _____ Date _____

☐ Please mark here if form is submitted electronically.

Privacy Information

This information is required to safely implement projects under NHSSA management and to better serve volunteers and project partners.

Not supplying all the required information may result in not being able to participate in a NHSSA project.

This information will be stored in a secure manner in accordance with the Privacy Amendment (Private Sector) Act 2000.

This information will be disclosed only to those responsible for the implementation of projects.

For more information on the information collected, used and stored, please contact the Public Officer -



Dr Peter Clements
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3 Powell Court, West Lakes SA 5021
Email: clementspw@westnet.com.au