

## Volunteer details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

## Emergency contact (in the case of illness or injury)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## Do you have any medical conditions, past injuries or allergies that may affect your ability to do certain types of activities or be affected by certain types of activities?

**Yes**      **No**      If yes, please describe any restrictions on the pre-existing medical condition / previous injury form attached and discuss with the supervisor.

## Conditions of volunteering with council

1. I have notified council of any relevant medical conditions and pre-existing injuries, and I consent to council rendering or authorising such medical treatment as necessary and accept responsibility for all associated expenses.
2. I am participating as a volunteer and not an employee of council.
3. I will not smoke, consume or store alcohol or illicit drugs while volunteering with council.
4. I shall respect the rights, feelings and property of all others associated with my voluntary activity
5. I shall cooperate with council staff to ensure a safe, happy and hygienic team environment.
6. My placement as a council volunteer is at the discretion of council.
7. Photographs or videos taken of me as a volunteer may be used by council for promotional purposes.

*I understand that by signing the volunteer registration form my activities are bound by the council's Code of Conduct and policies and procedures. I understand that failure to comply with council's Code of Conduct and policy and procedures may result in council requesting me to cease volunteer activities.*

## Volunteer

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Staff member

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Privacy Disclaimer: Mackay Regional Council is collecting this information in order to process your application. This information will not be disclosed to any other third party without your written or verbal authorisation or as required by law.

---

## OFFICE USE ONLY - to be initialled and dated by the staff member who undertakes each step.

1. All declared pre-existing medical conditions discussed with volunteer
2. All volunteer information checked, and registration form completed
3. Council volunteer induction completed
4. Council site Induction completed
5. Volunteer details entered into the MS Teams Volunteer Registration portal  
Record volunteer ID number here: \_\_\_\_\_

Initial and date of staff member

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Volunteer Questionnaire for medical condition, allergies or pre-existing injury

1. What is the medical condition, allergy or past injury?

---

---

2. Information about the condition / injury.

---

---

---

---

---

---

3. What actions / triggers do you need to avoid?

---

---

4. What is the management plan to minimise any aggravation to the condition / injury?

---

---

5. What is your emergency plan in the event of an emergency?

---

---

---

---

### Volunteer

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Staff member

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_