



COMMUNITY INVOLVEMENT PROGRAM VOLUNTEER REGISTRATION FORM

Please print clearly and fill out all details

SURNAME:		TITLE: Mr/Mrs /Miss/Ms
GIVEN NAMES:		Male <input type="checkbox"/> Female <input type="checkbox"/>
ADDRESS:		
Post Code		
POSTAL ADDRESS:		Post Code
TELEPHONE: Work:	Home:	Mobile:
DATE OF BIRTH: <i>Applicants should be over 16 years or contact Volunteer Coordinator</i>	EMAIL ADDRESS:	
Please advise of special skills/qualifications or interests you have		
Please describe what project or task/activity you would like to do		
Are you currently with/or previously been with a Volunteer group or project	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Please Specify which Group/Project
Do you speak another language?'	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Please Specify which language
Which of the following best describes your main usual activity?		
Full time or self Employment <input type="checkbox"/>	Student <input type="checkbox"/>	Unemployed <input type="checkbox"/>
Part time Employment <input type="checkbox"/>	Full time home duties <input type="checkbox"/>	Retired <input type="checkbox"/>
		International Visitor + <input type="checkbox"/>
		Interstate Visitor <input type="checkbox"/>
<i>+ Overseas visitors are not covered by the Department's Insurance. A copy of their travel insurance is to be attached to this registration form.</i>		
Are you on Workers Compensation or Sick Leave		Yes <input type="checkbox"/> / No <input type="checkbox"/>
Is there any reason why you would be restricted in some areas of volunteer work eg back injury		
Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, please specify :		
❖ Would you like to receive information regarding volunteering with Australian Conservation Volunteers		Yes <input type="checkbox"/> No <input type="checkbox"/>
❖ Would you like to receive the DEC 'Environment and Conservation News' monthly newsletter		Yes <input type="checkbox"/> No <input type="checkbox"/>
Applicants Signature : Date : / / <i>This form will not be registered until a project has been assigned to you</i>		
DEC Office Use – TO BE COMPLETED BY PROJECT SUPERVISOR		
Name of Project:		
<i>As written in registered Project Notification Form (CLM206)</i>		
Signature of Project Supervisor:		Date : / /

Please return this form to: Community Involvement Coordinator,
 Department Of Environment And Conservation,
 Locked Bag 104 Bentley WA 6983
 Phone 9334 0251 Fax 9334 0221