

VOLUNTEER COORDINATOR REGISTRATION FORM



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|--|----|------|-----|----|--|
| Title | Mr | Miss | Mrs | Ms | Name |
| Preferred First Name | | | | | DOB |
| Home phone | | | | | Work Phone |
| Mobile Phone | | | | | Email |
| Home Address | | | | | Emergency Contact |
| | | | | | Emergency Contact Phone |
| Employer: | | | | | |
| Current Role: | | | | | |
| Relevant skills experiences or qualifications: | | | | | |
| | | | | | |
| | | | | | |
| Full Drivers Licence | | | | | |
| | | | | | Yes No If answer is no please explain: |
| | | | | | |
| Any Driving Restrictions? | | | | | |
| | | | | | |
| | | | | | |
| I have an illness or disability that may prevent me from performing some tasks: | | | | | |
| | | | | | Yes No |
| If yes please provide detail: | | | | | |
| | | | | | |
| | | | | | |
| I give permission for Emergency Management Southland to ascertain my criminal record via a Police background check. | | | | | |
| | | | | | Yes No |
| Is there anything you wish to disclose: | | | | | |
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| | | | | | |
| | | | | | |
| Information on this registration form will remain with Emergency Management Southland. | | | | | |
| Volunteers Signature: | | | | | |
| Date: | | | | | |
| At Emergency Management Southland we take your privacy seriously. We will abide by the provision of the Privacy Act 1993 which relates to dealing with the privacy of members, volunteers, staff, supporters and the public. The information on this form will not be disclosed to any third party without your consent. | | | | | |

HEALTH AND SAFETY AGREEMENT



Emergency Management Southland takes its responsibility to the health and safety of volunteers extremely seriously. While undertaking work assigned to you as directed by Emergency Management Southland you will be covered under the organisations Health and Safety Policy.

By signing this agreement you agree to only undertake duties which have been specifically assigned to you by your designated team leader. These will be in areas predetermined as suitably safe work areas. If you stray outside these areas or undertake work outside that assigned to you by your team leader the work will not be deemed to be work being undertaken on behalf of Emergency Management Southland.

Before undertaking work, your volunteer coordinator supervisor and team leader will discuss the need for you to come prepared with suitable clothing eg a water proof jacket, sturdy footwear, gumboots. If you do not have the necessary clothing or equipment you may be asked to undertake a role which does not require such clothing or equipment, or wait until suitable clothing or equipment is made available to you. Where applicable specialised and protective gear will be provided by Emergency Management Southland.

Before undertaking volunteer work you will be required to undertake an induction by your team leader (or a person nominated by the team leader), which will include an induction pack with a hazard register and instructions for near miss and accident reporting processes. You will also be required to attend a debrief at the end of each shift.

You are expected to exercise common sense at all times and when in doubt ask a supervisor or team leader before continuing.

I.....have read the information regarding health and safety and understand that I need to follow the health and safety process of Emergency Management Southland and that I am responsible for ensuring I do so.

Signed.....

Dated.....

Signed by the Volunteer Coordinator Supervisor