Department of Environment and Conservation
Our environment, our future

DEC 205

COMMUNITY INVOLVEMENT PROGRAM

VOLUNTEER REGISTRATION FORM

Please fill out all details

SURNAME:	TITLE: Mr
GIVEN NAMES:	Male ☐ Female ☐
ADDRESS:	Postcode:
POSTAL ADDRESS:	Postcode:
TELEPHONE: Work: Home: Mobile:	
DATE OF BIRTH: *APPLICANTS SHOULD BE OVER 16 YEARS OR CONTACT VOLUNTEER COORDINATOR*	EMAIL ADDRESS:
Please advise of special skills, qualifications or interests you have:	
Please describe what project, task or activity you would like to do.	
Are you currently with/or have you previously been with a volunteer group or project? Yes ☐ No ☐	Please specify the group/project:
Do you speak another language? Yes ☐ No ☐	Please specify the language:

Which of the following best describes your main usual activity?

Full time or self employment ☐ Student ☐ Unemployed ☐ International Visitor ☐

Part time employment ☐ Full time home duties ☐ Retired ☐ Interstate Visitor ☐

Overseas visitors are not covered by the Department's Insurance. A copy of their travel insurance is to be attached to this registration form.

Are you on workers compensation or sick leave? Yes ☐ No ☐

Is there any reason why you would be restricted in some areas of volunteer work e.g. back injury? Yes ☐ No ☐
If yes, please specify :

Would you like to receive information regarding volunteering with Australian Conservation Volunteers? Yes ☐ No ☐

Would you like to receive the DEC *'Environment and Conservation News'* monthly newsletter: Yes ☐ No ☐

I (name) ..... confirm that I have received, read and acknowledged DEC's Code of Conduct.
I agree to abide by the expectations and requirements as explained in the document and I understand that failure to do so may result in deregistration as a volunteer.

Applicant's signature: …….. Date:

This form will not be registered until a project has been assigned to you. (Please note that by signing this document you are acknowledging the above is true and correct)

DEC Office Use – To be completed by project supervisor.

Name of project:

As written in registered Project Notification Form (DEC206)

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