



COMMUNITY INVOLVEMENT PROGRAM
VOLUNTEER REGISTRATION FORM
Please print clearly and fill out all details

Office use only:
Volunteer number:

SURNAME:		TITLE: (Mr / Mrs / Miss / Ms / Dr / Rev.)
GIVEN NAMES:		PREFERRED NAME:
POSTAL ADDRESS:		Post Code:
EMAIL ADDRESS (Please Print):		
TELEPHONE: Home:	Work:	Mobile:
DATE OF BIRTH :	Are you: Male <input type="checkbox"/> Female <input type="checkbox"/>	
<small>Applicants should be over 16 years or contact Volunteer Coordinator</small>		
Is English your second language? Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify other language spoken:	
Which of the following best describes your main usual activity?		
Carers / disability pension <input type="checkbox"/> Full time employment <input type="checkbox"/> Full time home duties <input type="checkbox"/> Interstate Visitor <input type="checkbox"/>		
Part-time employment <input type="checkbox"/> Retired <input type="checkbox"/> Self-employed <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/>		
International Visitor <input type="checkbox"/> (NB: International visitors are <u>not</u> covered by the Department's insurance. A copy of their travel insurance <u>must</u> be attached to this registration form).		
Are you of Aboriginal or Torres Strait Islander descent? Yes <input type="checkbox"/> No <input type="checkbox"/>	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 e.g. back injury? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify :		
<p>I (name) _____ confirm that I have received, read and acknowledged DPaW'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.</p> <p>I understand that my data will be held on a secure computer system. I hereby consent to this information being stored (in any format), and processed as required for the purposes of my prospective volunteer status by DPaW, on condition that the Department will, so far as possible, keep such information confidential within DPaW.</p> <p>I permit DPaW to use my image for training, promotional, media and other non-commercial purposes as appropriate.</p> <p>Signature: _____ Date: _____</p> <p>Please note that by signing this document you are acknowledging the above is true and correct.</p>		

To be completed by PROJECT SUPERVISOR
Registration cannot be completed without this information

Project number: 7.1.11

Project name: Cape to Cape Trail

(As written in registered Project Notification Form DPaW206 - contact CIU for information)

Project Supervisor (Print Name):

Signature of Project Supervisor: _____

Date:



Please return completed forms to:

Community Involvement Unit
Department of Parks and Wildlife
Locked Bag 104, Bentley WA 6983
Phone: 9334 0468 Fax: 9334 0221 Email: community.involvement@dpaw.wa.gov.au