REGIONAL COUNCIL OF GOYDER

GOYDER South Australia's Heartland	Volunteer Registration Form	Record No:	
		File No:	12.62.5.2
		Version No:	1.1
		Adopted:	9/6/15
		Revised:	23/10/17
		Next Review:	23/10/19
		Responsibility:	TAHDM

Personal Details				
Name				
Address				
Telephone				
Email Address				
Gender	□ Male	Female		
Age (not essential)				
Experience/Skills				
Do you have a First Aid Certificate?	□ Yes	D No		
Have you been a volunteer before?	□ Yes	□ No		
If 'Yes' – please specify				
Any medical restrictions?	□ Yes	□ No		
If 'Yes' – please specify				

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Mutual Obligation (if applicable)	
Centrelink Mutual Obligation details	
Reporting period/weekly obligation	
Centrelink contact	

What days and times are you available?		
Any limitations/restrictions?		
Are you available on a regular basis?	Yes	No
References		
Referee 1		
(name, address, telephone, relationship)		
Referee 2		
(name, address, telephone, relationship)		

Emergency Contact	
Name	
Relationship	
Telephone	

Signed	Dato:
Signed:	Dale.

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Identification sighted:	Yes	No	Number :	

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