

REGIONAL COUNCIL OF GOYDER

 <p>GOYDER South Australia's Heartland</p>	<h3 style="margin: 0;">Volunteer Registration Form</h3>	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	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Age (<i>not essential</i>)			
Experience/Skills			
Do you have a First Aid Certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you been a volunteer before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If 'Yes' – please specify			
Any medical restrictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If 'Yes' – please specify			

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
References	
Referee 1 (name, address, telephone, relationship)	
Referee 2 (name, address, telephone, relationship)	

Emergency Contact	
Name	
Relationship	
Telephone	

Signed:	Date:
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Identification sighted:	<input type="checkbox"/> Yes <input type="checkbox"/> No Number : _____
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