Department of Environment and Conservation
Government of Western Australia

DEC205

COMMUNITY INVOLVEMENT PROGRAM
VOLUNTEER REGISTRATION FORM

Please print clearly and fill out all details

SURNAME:	TITLE: Mr/Mrs /Miss/Ms
GIVEN NAMES:	Male ❑ Female ❑
ADDRESS:	
	Post Code
POSTAL ADDRESS:	
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 task/activity you would like to do	

Are you currently with/or previously been with a Volunteer group or project	Yes ❑ / No ❑	Please Specify which Group/Project
Do you speak another language?	Yes ❑ / No ❑	Please Specify which language

Which of the following best describes your main usual activity?

Full time or self Employment ❑ Student ❑ Unemployed ❑
Part time Employment ❑ Full time homeduties ❑ Retired ❑

TIME AVAILABLE: DAY / EVENING / WEEKEND - MON / TUES / WED / THUR / FRI / SAT / SUN

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 eg back injury
Yes ❑ / No ❑ If yes please specify

- Would you like to receive information regarding volunteering with Australian Conservation Volunteers Yes ❑ No ❑

Applicants Signature ..... **Date** ..... / ..... / .....

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

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