

Volunteer application form

About you		
Full Name		Date of birth
Address		
Suburb	State	Postcode
Phone	Email	
Emergency contact persor	1	
Full Name		
Relationship to you		
Phone	Email	
Your volunteering goals		
Share a brief description of wha	t you're hoping to achieve f	from volunteering.
Your skills and experience		
Share any relevant skills, experi- reservoir reserves.	ence and qualifications tha	t may assist you in volunteering at the





Do you have any health, medical conditions or allergies (e.g. bees) that may impact your participation?
Yes No No
If yes,
Please detail your relevant conditions or allergies.
What situations need to be avoided while volunteering?
What medications must you carry and have immediately available for treatment (e.g. EpiPen)? Do any other actions need to be taken?
I understand that, for my safety and the safety of others, SA Water may require additional information and/or medical clearance or explanation of assistance needed to support my volunteering from my Treating Medical Practitioner.
Screening checks
I understand that I am required to obtain a National Police Certificate and Working with Children Check before my application can be considered for the volunteer program (does not apply if under 18 years of age).

The results of the National Police Certificate and Working with Children Check will only be used to confirm your suitability for the volunteer program and will remain confidential.

I give permission for SA Water to retain a copy of my National Police Certificate and Working with



Children Check.

Medical information



Conditions of participation agreement

Upon signing, you understand and agree with your responsibilities as a volunteer including:

- acknowledging, understanding and adhering to the principles of conduct
- truthfully completing all required documentation
- declaring on an ongoing basis any medical conditions and pre-existing injuries that may impact your participation in volunteer activities
- advising of any relevant changes to your circumstances that may impact your ability to participate
 in the volunteer program
- adhering to the information in the Volunteer Handbook, and all site inductions and safety briefings
- completing allocated tasks safely and consistent with the Volunteering Description
- following the reasonable direction of Reservoir Rangers and other SA Water team members, in particular with respect to health and safety directions
- wearing suitable attire and personal protective equipment as required
- notifying SA Water of any safety concerns, new risks not identified before undertaking an activity, incidents or near misses, and suggested improvements
- consenting to photographs and/or videos being taken during an activity which may be used by SA Water for promotional purposes. If you do not wish for this to occur, please notify SA Water.

I, agree to hold harmless and indemnify SA Water from and aga	inst				
any claims, liabilities, losses, damages and costs arising from any breach by me of this Participation Agreement, or any act or omission (including any negligence, unlawful conduct or willful conduct) by myself relating to the volunteer program, or the subject matter of this Participation Agreement. I					
				understand that by signing this Participation Agreement, it does not create a legally binding cor	ntract and
				I can change my level of contribution to the volunteer program at any time.	
Signature					
Name					
TVAITE					
Date					
Parent/guardian signature					
(if applicant is under 18)					

Privacy

SA Water is collecting the information you have provided on this Application Form for the purpose of the volunteer program. The information contained on this Application Form will be accessible only by authorised officers at SA Water and your personal and sensitive information will not be disclosed to any other third party without your consent except where required by law.



