



# Hawkweed Volunteer Registration Form

Registration update 2018-19

Personal Details			
First Name		Last Name	
Date of birth		Gender Identity	
Vehicle Make		Vehicle registration & state	
Dietary requirements (or food allergies)			

Vehicle make, model and registration information will be used to provide park exemption passes and free entry during volunteering activities.

Personal Contact Details			
Address		Post Code	
Phone		Mobile	
Email			

Emergency Contact Details			
Contact 1 Name		Contact 1 Phone	
Contact 2 Name		Contact 2 Phone	

Medical Details		
1. Do you have any allergies or medical conditions that may affect your volunteer tasks?	YES	NO (go to next section)
2. If you answered 'Yes' to Question 1, please provide details of allergies or medical condition in the space below.		
3. If you answered 'Yes' to Question 1, do you have a medical emergency plan?	YES	NO
4. If you answered 'Yes' to Question 3, please provide an outline of your medical emergency plan in the space below. To ensure your safety while participating on the program Hawkweed Team Leaders will assist you enact your medical plan should an incident arise.		

Volunteers are responsible for supplying allergy and medical plan requirements while participating on the Hawkweed Program. The volunteer understands that Office of Environment and Heritage is not liable for supply of any medication and or equipment.

## Hawkweed Program Volunteering

Have you participated in a previous Hawkweed Program? Yes No Not sure

Which Hawkweed Program do you wish to participate in? **Please tick all that apply.**

<b>Orange Hawkweed</b>	WEEK 1 19 to 23 November 2018	WEEK 2 26 to 30 November 2018	WEEK 3 3 to 7 December 2018	WEEK 4 10 to 14 December 2018	WEEK 5 7 to 11 January 2019	WEEK 6 14 to 18 January 2019	WEEK 7 21 to 26 January 2019	<i>Please note: Red indicates Heli week, volunteer restrictions apply.</i>		
	<b>Mouse-ear Hawkweed</b>	WEEK 1 7 to 11 January 2019	WEEK 2 14 to 18 January 2019	WEEK 3 21 to 25 January 2019	WEEK 4 28 January to 1 February 2019	WEEK 5 4 to 8 February 2019	WEEK 6 11 to 15 February 2019			

Comments?

What type of room do you wish to book? Single Twin share Double/Couple

If you selected **Couple** or a **Twin Share** room, please provide the other person's name.

If you are booking on behalf of another single person, please state the other person's name.

Comments?

**Note: Personal information collected by the NPWS is subject to the Privacy and Personal Information Protection Act 1998 and will not be disclosed to any other party without your consent.**

Do you permit the NPWS to store the information you have provided on this form (other than medical information) on a volunteer database, so that NPWS may contact you, sometime in the future, regarding relevant future volunteering opportunities ?

YES

NO