



Returning Voluntary Staff Application Form

Teen Ranch, PO Box 92, Cobbitty, NSW, 2570 P: 4651 2268 E: staff@teenranch.com.au

VOLUNTEER DETAILS

Name: _____ Camp Dates: _____

DOB: _____ Age at Time of Volunteering: _____

Email Address: _____

Postal Address: _____

Post Code: _____

Parent/Guardian Names (if under 18): _____

Phone (H): _____ Phone (M): _____

HEALTH & EMERGENCY INFORMATION

Emergency Contact (or next of kin): _____

Phone: _____ Relationship to Volunteer: _____

Medicare Number: _____ Card Ref. Number: _____ Expiry: _____

Do you have any: (please provide details & use separate sheet if required)

YES NO – Allergies to food, drugs, environment etc? _____

YES NO – Medication requirements? (Outline medication & purpose) _____

YES NO – Special dietary requirements? _____

I give permission for myself (or my child if under the age of 18) to be given, by staff qualified in first aid, the following non-scheduled medication (that is, medication available in the supermarket), if required.

- Panadol
- Antihistamine
- Other _____

WWCC

Working with Children Check (NSW) Number: _____ Expiry: _____

If you are over 18 years old you are required to have a valid Working with Children Check. Contact us if you need more information regarding this.

If you are under 18 years old your parent or carer must also sign this form.

_____ / / _____

(Volunteer's name printed)

(Volunteer's signature)

(Date)

_____ / / _____

(Parent / carer name printed)

(Parent / carer signature)

(Date)