



Roundup Volunteer Staff Application Form

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

VOLUNTEER DETAILS

Name: _____ Camp Dates: _____

D.O.B: _____ 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)

1. Allergies to food, drugs, environment, etc.?

YES _____

NO

2. Medication requirements? (outline medication & purpose)

YES _____

NO

3. Special dietary requirements?

YES _____

NO

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 (i.e. medication available at the supermarket), if required.

Paracetamol

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 the age of 18 years old your parent/carer must also sign this form.

(Volunteer Name)

(Volunteer Signature)

(Date)

(Parent/Carer Name)

(Parent/Carer Signature)

(Date)