



WARRAMBUI VOLUNTEER REGISTRATION FORM

Post to: *Warrambui Retreat & Conference Centre, 322 Greenwood Road, Murrumbateman NSW 2582; or*
Email to: office@warrambui.com.au

Please complete and lodge this application form with Warrambui (see address above) if you would like to become a registered Warrambui Volunteer. Once the form is processed you will receive an email acknowledgement of your registration. A requirement of registration is that a NSW [Working with Children](#) check be obtained. As a Registered Warrambui Volunteer you will receive periodic emailed Warrambui Volunteer updates and Warrambui News.

Safeguarding children and Young People

Warrambui takes child protection seriously, and as a volunteer of Warrambui, you are required to meet the behaviour standards outlined in our 'Safeguarding code of conduct'. You have received a summary of these guidelines or code in this handbook, and may request a full copy. You can also access a copy of these guidelines on the All Staff/Policies and Procedures drive. Therefore as a part of your volunteering responsibilities, you are also required to:

- provide a welcoming and safe environment for, children, young people and vulnerable persons
- promote the safety and wellbeing of children, young people and vulnerable persons to whom we provide services
- ensure that your interactions with children, young people and vulnerable persons are positive and safe
- provide adequate care and supervision of children, young people and vulnerable persons in your charge
- act as a positive role model for children and young people
- report any suspicions, concerns, allegations or disclosures of alleged abuse to management
- maintain valid 'working with children' documentation
- Report to management any criminal charges or convictions you receive during the course of your employment/volunteering that may indicate a possible risk to children, young people and vulnerable persons.

PERSONAL DETAILS

Given Name		Surname:	
Preferred Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	
Address			
Suburb	Postcode	Phone Home:	Mobile:
Email			
Do you consent to appropriate use by us of photographs taken on the program that include you? For example, inclusion in our newsletter, placement on our web page or in a brochure			<input type="checkbox"/> Yes <input type="checkbox"/> No

NSW Working with Children Check (WWC)*

WWC Number:

* Warrambui will validate the *Working with Children Check* registration details from the [NSW Government Office of the Children's Guardian](#) website.

Safety and Care Details

In case of an emergency, please list phone numbers where a friend or relative may be contacted during the course of the program.

Name	Relationship	Phone Number

Medical Information

 Please give details of your medical coverage if applicable

Medicare Number:

Number of person on Medicare Card: _____

Expiry Date: _____

Insurance Provider (If applicable)

Membership Number:

Do you have ambulance cover?

 Yes No

Information on Relevant Conditions

Are there any conditions which require special attention that we should know about, e.g. medical conditions such as epilepsy, asthma, heart conditions, fainting or allergies, hearing or sight impairment, mental health issues, formal counselling situations, or any other? *Please list below:*

Acknowledgement

I acknowledge that I have read and understood the requirements of Volunteering at Warrambui.

Name of Applicant

Signature of Applicant

Date