



Volunteer Application Form

(please forward completed form to admin@raag.com.au)



scan for more info
on volunteering
opportunities

Volunteer details

First Name: _____ Last Name: _____

Address: _____

Phone: _____ Date of birth: ____ / ____ / ____ Email: _____

Emergency contact (in the case of illness or injury)

First Name: _____ Last Name: _____

Phone: _____

Do you have any medical conditions, past injuries or allergies that may affect your ability to do certain types of activities or be affected by certain types of activities?

Yes **No** If yes, please describe any restrictions on the pre-existing medical condition / previous injury form attached and discuss with the supervisor.

Conditions of volunteering with RAAG:

1. I have notified RAAG of any relevant medical conditions and pre-existing injuries, and I consent to RAAG rendering or authorising such medical treatment as necessary and accept responsibility for all associated expenses.
2. I am participating as a volunteer and not an employee of RAAG.
3. I will not consume or store alcohol or illicit drugs while volunteering with RAAG.
4. I shall respect the rights, feelings and property of all others associated with my voluntary activity.
5. I shall cooperate with RAAG staff & volunteers to ensure a safe, happy and hygienic team environment.
6. My placement as a RAAG volunteer is at the discretion of RAAG.
7. Photographs or videos taken of me as a volunteer may be used by RAAG for promotional purposes.

I understand that by signing the volunteer registration form my activities are bound by the RAAG policies and procedures. I understand that failure to comply with RAAG policies and procedures may result in RAAG requesting me to cease volunteer activities.

Volunteer

Signature: _____ Name: _____ Date: ____ / ____ / ____

Staff member

Signature: _____ Name: _____ Date: ____ / ____ / ____

Privacy Disclaimer: Road Accident Action Group is collecting this information in order to process your application. This information will not be disclosed to any other third party without your written or verbal authorisation or as required by law.

OFFICE USE ONLY - to be initialled and dated by the staff member who undertakes each step.

1. All declared pre-existing medical conditions discussed with volunteer
2. All volunteer information checked, and registration form completed
3. RAAG volunteer induction completed
4. Volunteer details entered into the RAAG Database

Initial and date of staff member



Volunteer Medical Questionnaire

Volunteer Questionnaire for medical condition, allergies or pre-existing injury

1. What is the medical condition, allergy or past injury?

2. Information about the condition / injury.

3. What actions / triggers do you need to avoid?

4. What is the management plan to minimise any aggravation to the condition / injury?

5. What is your emergency plan in the event of an emergency?

Volunteer

Signature: _____ Name: _____ Date: ____ / ____ / ____

Staff member

Signature: _____ Name: _____ Date: ____ / ____ / ____