



Mt Jackson Malleefowl Survey Volunteer Application Form



**Forms to: Susanne Dennings, Project Coordinator PO Box 3,
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**Survey Dates: 23rd -29th May,
Applications Close
Tue 20th April, 2010**

*****One form per person please*****

Title	Mr/Ms	First Names:	Surname:		
Address		Town:			
State		Post code:			
Ph: Fax: Email:					
Date of birth:		/ / 19	Occupation:		
Name of emergency contact			Relationship:		
Phone number of contact (h)			Phone number of contact (w)		
Home language					
Medical conditions, allergies, disabilities or past injuries that may affect your participation					
Current medication					
How did you hear about the survey?					
Have you participated in a MPG malleefowl survey before?		YES	Where/when:		
		NO	Have you been referred by someone?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Name:</td> <td style="width: 50%; border: none;">Ph:</td> </tr> </table>	Name:
Name:	Ph:				
Camping arrangement (circle)		Own camping	Donga	Share Shearing shed floor	
Degree of fitness (circle)		Excellent	Good	Average	Poor
Do you have a current First Aid certificate?		YES		NO	
Are you a Malleefowl Preservation Group member?		YES		NO	
Registration Dates: Minimum registration period – one week <i>I will arrive at the Bullfinch Hotel car park by mid day on Sunday 23rd May to travel in convoy to the Mt Jackson camp site.</i>					
Induction: Your attendance at the survey induction/training evening on Sunday is compulsory					
Travel arrangements (circle)		Own vehicle	Happy to provide transport for another volunteer/s (please indicate passenger number)	I require transport assistance and am happy to share costs	
VOLUNTEER CONDITIONS: <i>I agree to the following terms and conditions and understand that failure to comply with any condition may result in the Project Coordinator requesting me to leave the site.</i> <ol style="list-style-type: none"> 1. I have notified the Malleefowl Preservation Group (MPG) of all relevant medical conditions and pre-existing injuries 2. I consent to MPG personnel rendering or authorising such medical treatment as necessary and accept responsibility for all associated expenses 3. I am a volunteer and not an employee of the MPG 4. I take full responsibility for my own welfare and will not hold the MPG liable for any injuries or accidents while acting as a volunteer 5. I will not store illicit drugs on MPG premises, project/accommodation sites or vehicles 6. I shall respect the rights, feelings and property of others associated with MPG projects 7. I shall cooperate with MPG to ensure a safe, happy and hygienic team environment 8. My placement on all projects is at the discretion of the MPG 9. I will respect the rights of property owners on whose land I will be conducting MPG volunteer work 10. I will attend the project induction/training evening 					
SIGNATURE..... DATE					