

Westpac Rescue Helicopter Service



HUNTER

PO BOX 230
NEW LAMBTON NSW 2305
4952 0000

NENW

PO BOX 6187
WESTDALE NSW 2340
6764 9400

CENTRAL COAST

PO BOX 3677
ERINA NSW 2250
4363 9746

CENTRAL WEST

PO BOX 32
MUDGEES NSW 2850
0413 558 973

MID NORTH COAST

PO BOX 1657
PORT MACQUARIE NSW 2444
0429 818 627

ABN 40 002 862 026 | CFN 11992 | Westpac Rescue Helicopter Service is operated by Northern NSW Helicopter Rescue Service Ltd

I would like to become a Support Group Volunteer and assist in raising money for my local Westpac Rescue Helicopter Service.

I am already a member but am updating my details.

Local Support Group:.....

First Name:..... **Surname:**.....

Address:.....

Home Phone:..... **Mobile Phone:**.....

Work Phone:..... **Email:**.....

Preferred method of contact:.....

Drivers Licence Number:.....**Expiry:**.....**DOB:**.....

Uniform Clothing Size:.....

Whilst I am a registered volunteer for the Hunter Region SLSA Rescue Helicopter Service I agree to the following terms and conditions:

I will meet all the requirements of me as outlined in the Volunteer Handbook including all procedures for the Office of Liquor, Gaming and Racing.

I will not speak publically about the financial status of my local support group or the Hunter Region SLSA Rescue Helicopter Service.

I understand that I am part of a community fundraising volunteer organisation and that information about the organisation is **STRICTLY CONFIDENTIAL** and not for discussion outside of the organisation.

I hereby agree to complete a National Police Check in order to be registered as a volunteer and the Hunter Region SLSA Rescue Helicopter Service will reimburse the cost.

Proudly supported by



And the Community



1800 155 155 | www.rescuehelicopter.com.au



Westpac Rescue Helicopter Service



Workplace Health and Safety Act 2011

- I have read and understood the information provided in relation to WH&S.
- When volunteering for the Hunter Region SLSA Rescue Helicopter Service, I will behave in a manner that maintains the health and safety of myself and others around me.
- I will report all WH&S incidences and concerns to the appropriate Support Group member or the Volunteer Coordinator.

Medical Information

The Westpac Rescue Helicopter Service has a duty of care to protect your health and/or safety while you are a volunteer.

Do you have an existing medical disability/condition/Injury?

- Yes
- No

If yes, please provide details.

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Do you take any medication that may affect your volunteering work?

- Yes
- No

If yes, please provide details.

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I have read and acknowledged the Volunteers Handbook and ask you to consider my application for volunteering for the service.

Signed:

Print Name:.....**Date:**.....

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Office Use Only

- Added in Xpect
- Temporary ID card
- Volunteer Guidelines issued and signed for
- Chairperson of Group notified
- Added to Rescue Mailing list
- Uniform Issued
- Information for Volunteers issued and signed for

