



DAILY REGISTER FOR VOLUNTEER GROUPS / ONE-OFF EVENTS

DATE:	PROJECT:
LOCATION:	

By signing, I state that I have read and agree with the statements below:

- I am covered under the BGPA's Personal Accident Insurance for the **day and hours** stated.
- I must work within the scope of the tasks designated and available for this event.

NB: Volunteers aged under 16 must be supervised by parent or guardian who must co-sign below against child's name.

I state that:

- I am not receiving worker's compensation or sick leave and I will not participate in any activity that may aggravate a known physical injury or impairment.
- I confirm that I have reviewed and acknowledge BGPA's Code of Conduct and Volunteer Health and Safety induction material (copies available on request).
- I permit BGPA to use my image for non-commercial training or promotional purposes (please indicate otherwise below when signing).

(NB: International volunteers are not covered by the BGPA's insurance, therefore must have their own travel insurance policy – please attach a copy)

PRINT NAME	Are you already a BGPA volunteer? (Y or N)	Start time	Finish Time	TOTAL HOURS	SIGNATURE

DAILY REGISTER FOR VOLUNTEER GROUPS / ONE-OFF EVENTS

HEALTH AND SAFETY INDUCTION CHECKLIST - To be completed by Volunteer Supervisor (may be a delegated volunteer) prior to volunteers commencing work.

The checklist is for use by supervisors to ensure volunteers are aware of potential hazards and understand BGPA's policies and guidelines. This must be completed prior to volunteers undertaking work for BGPA.

Have the volunteers been shown the following local information?	Yes	No	NA
Location of sign-in/out book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency exits, assembly areas and safety zones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation plans and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of first aid kit/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BGPA contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have the volunteers received the following induction information?			
Roles and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workplace health and safety policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellbeing support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk management process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reporting hazards, near-misses and incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Site Sign-In	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training, licences and certification requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal and Insect hazards including snakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working outdoors, sun safety and hydration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working alone procedures, including check-in times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program-Specific Checks			
Have copies of applicable training, licenses and certifications been obtained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a Job Safety Analysis required? If yes, has it been completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information			

By signing, I confirm that the volunteers listed above have received BGPA's volunteer health and safety induction information. I understand that I am responsible for ensuring completion of the induction is recorded. Volunteer supervisor may be a delegated volunteer.

Volunteer Supervisor (Print Name): _____

Signature of Volunteer Supervisor: _____

Date: _____

If any volunteers are aged under 16 – supervisor approval / aware