



SFC EVENT VOLUNTEER HEALTH DECLARATION

Personal Details

Full Name: _____

Date of Birth: _____

Phone: _____

Emergency Contact (Name & Phone): _____

Medical Information

Please answer the following honestly. This information will remain confidential and is used only to ensure your safety while volunteering.

1. Do you have any medical conditions that may affect your ability to volunteer safely?

No Yes (please provide details): _____

2. Do you take any regular medication that the organisation should be aware of in case of an emergency?

No Yes (please provide details): _____

3. Do you have any allergies (e.g. foods, medications, insect stings)?

No Yes (please specify): _____

4. Do you have any physical restrictions, mobility issues, or other conditions that may require adjustments to your volunteer role?

No Yes (please specify): _____

Vaccinations / Health Precautions

I have up-to-date vaccinations relevant to my volunteer role.

Not applicable to my role.

Declaration

I declare that the above information is true and correct to the best of my knowledge. I understand this information will be kept confidential and only used for safety and emergency purposes. I agree to notify the organisation if my health status changes and may affect my volunteer role.

Volunteer Signature: _____ Date: _____

Witness/Organisation Representative: _____



SCREEN FRASER COAST
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