



# APPLICATION FOR APPOINTMENT AS A VOLUNTEER MEMBER

## PART 1 - TO BE COMPLETED BY THE APPLICANT

Unit Location:											
Surname:	Given Names:										
Address: (Home)			Post Code:								
(Postal)			Post Code:								
Date of Birth:	Drivers Licence (Current NT):		Class:								
Marital Status:	Occupation:										
Employer:											
Employment Address:											
Phone: (Home):	(Work):	bile):									
Email:	Previ	ous Member:		Yes			No				
Do you identify yoursel	f as Aboriginal or Torres Strait Islander?			Yes			No				
	ence/Qualifications: (NTES/Defence/Pol	ce/Fire/SES. et	c).								
<u> </u>		,,,,,	-,.								
Next of Kin:	Relat	ionship:									
Home Address:	Cont	act:									
<ul> <li>A Criminal History Check</li> <li>Abide by the Code of Co</li> <li>Achieve and maintain the</li> <li>Maintain all equipment is</li> <li>Return all personal equip Director NTES.</li> </ul>	nduct of the Service. e minimum training obligation. ssued to me in good order. ment including ID card issued to me upon resignat	ion, termination or									
l agree to render voluntary so Territory Emergency Service.	ervice to the best of my ability and in accordance v	vith the policies an	d proc	edures o	f the	Northe	ern				
I have attached a certified tru I have attached 100 points of I have attached a completed	e copy of my driver's licence (by an Authorised Off certified true copies of identification (by an Autho	rised Officer)			Yes Yes Yes Yes		No No No				
Applicant's Signature:		Da	ate:	/		/					
that the Director Northern Territory Emerge	S) are collecting information on the "Application for Appointment as a Volun ency Service is satisfied with a number of matters relating to the Volunteer N <i>ncy Management Act</i> . Failure to provide this information in full or part may re	lember appointment and the	Director	s discharge o	f their D	uty of Car					





# **APPLICANT'S STATEMENT OF PERSONAL MEDICAL HISTORY**

## **MEDICAL DECLARATION:**

"NT Emergency Service (NTES) has a duty of care to ensure its members are in the best physical and mental health as possible to perform the functions required. Applicants are requested to complete either of the declarations below."

I, \_\_\_\_\_\_ declare that I have no previous or existing injuries that prevent me fromperforming duties as a registered volunteer of the NTES. I understand that I will have to partake in the Fit for Role process that has been introduced by NTES.

Should I develop a condition or injury that may impede my ability to perform as an NTES volunteer, I will discuss the matter with my Unit Officer to determine how best to manage the condition or injury, including light duties or stand down for an interim period as may be required.

And

I,\_\_\_\_\_\_ declare that my ability to perform as a registered volunteer of the Northern Territory Emergency Service may be restricted by the medical condition/s as listed below. I understand I may be required to undergo medical assessment and I agree to discuss these restrictions with the Command Manager who will advise my Unit Officer of any agreed restrictions.

If yes to any of the above, a medical clearance may be requested

Comments (include significant past medical or surgical history):







### PART 2 - ENDORSEMENT OF UNIT OFFICER/LOCAL CONTROLLER

Application	Recommended	Not Recommended				
Signature:		Date:	/	/		
Name:						
Comments:						

## **PART 3 - ENDORSEMENT OF OPERATIONS OFFICER**

Application	Recommended	Not Recommended						
Signature:		Date:	/	/				
Name:								
Comments:								

### PART 4 - ENDORSEMENT OF MANAGER NORTHERN/SOUTHERN

Application		Recommende	ed □	Not Recommen	ded		
Signature:				Date:	/	/	
Name:							
Comments:							
PART 5 - ENDOF	RSEMEN	T OF DIRECTO	OR NTES	;			 
Application		Approved		Not Approved			
Signature:				Date:	/	/	
Name:							
Comments:							
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OUR MISSION: To se OUR VISION: A safe	erve and pr	otect nt Northern Territo	ory				 PAGE 3 OF 4





## Become a member of the Northern Territory SES Volunteer Association?

# **NTES VOLUNTEER IDENTIFICATION CARD**

# **APPLICATION FORM**

## PART 6 - INSTRUCTIONS FOR VOLUNTEERS:

- 1. Complete this form
- 2. Sign the signature box in a black permanent marker (not pen); USE THE WHOLE BOX FOR YOUR SIGNATURE
- 3. Attach a digital photograph of yourself (head and shoulders) against a plain background; ensure file is named with your SURNAME then given name (e.g. SMITH Craig).
- 4. Submit completed form and photo file to your Unit Officer.

## Volunteer Details (Please print in capitals):

#### Full Name:

NTES Volunteer Unit

### **Office Use Only:**

Volunteer Registration Number:

#### Signature Box:

Instructions for Unit Officer

- 1. Unit Officer to email the Volunteer application and Criminal History Check to the Operations Officer.
- 2. Email photograph of volunteer to the Operations Officer.

#### Instruction for Operations Officer and Regional Manager Northern/Southern

- 1. Operations Officer to endorse and send to Support Officer to register on Content Manager, process criminal history check and on return forward to Regional Manager Northern/Southern.
- 2. Regional Manager to endorse and return to Support Officer to complete Volunteer application processing and send to Executive Assistant to Director NTES.

#### Instructions for Director NTES

- 1. Send or hand over signed original form to NTES Executive Assistant.
- 2. NTES Executive Assistant to email approved form to Support Officer .
- 3. Support Officer to organise ID Cards through facilities.
- 4. Support Officer to update relevant databases including Content Manager.

