



Volunteer Declaration Form

If you are undertaking an approved volunteering activity, please fill out this form to conduct an assessment of the activity and your ability to participate. Please forward the form to Insurance.Office@anu.edu.au once you have delegate sign-off.

Volunteer details

First name: Last name:

University ID: Address:

Phone number: Emergency contact:

Activity details

Project name/description:

Location of activity:

Commencement date: Estimated completion date:

Estimated hours per day: Designated supervisor:

Volunteer's capacity in activity

What are your project duties (required activities)?

Do you have any physical or medical conditions that may affect your ability to perform the required activities? If so, please specify.

Do you take any medications that may affect your ability to perform the required activities? If so, please specify.

Do you consider yourself capable in undertaking the required activities?



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Volunteer declaration

I declare that the information that I have provided within the form is in every respect true and complete

Print name: University ID:
Volunteer signature: Date:

Delegate approval – *Person who is requiring the volunteer for the approved ANU activity as stated in page 1*

I have reviewed this application to determine the capability of the volunteer to undertake the proposed activities. The volunteer has been briefed on WHS Issues/Hazards.

Print name: University ID:
Delegate signature: Date: