



APPLICATION FOR APPOINTMENT AS A VOLUNTEER MEMBER

PART 1 - TO BE COMPLETED BY THE APPLICANT

Unit Location:							
Surname:	Given Names:						
Address: (Home)	Po	st Code	e:				
(Postal)	Po	Post Code:					
Date of Birth:	Drivers Licence (Current NT):	Cla	Class:				
Marital Status:	Occupation:						
Employer:							
Employment Address:							
Phone: (Home):	(Work): (Mobile):						
Email:	Previous Membe	er: 🛛	Yes			No	
Do you identify yourself	as Aboriginal or Torres Strait Islander?		Yes			No	
Previous Service/Experie	ence/Qualifications: (NTES/Defence/Police/Fire/SE	S, etc).					
Next of Kin:	Relationship:						
Home Address:							
• Maintain all equipment is	nduct of the Service. e minimum training obligation. sued to me in good order. ment including ID card issued to me upon resignation, terminatio	on or as dir	ected by	, the			
I agree to render voluntary se Territory Emergency Service.	ervice to the best of my ability and in accordance with the policion	es and proc	edures o	of the	North	nern	
I have attached 100 points of I have attached a completed o	e copy of my driver's licence (by an Authorised Officer) certified true copies of identification (by an Authorised Officer) criminal history form copies of certificates/qualifications (by an Authorised Officer)			Yes Yes Yes Yes		No No	
Applicant's Signature:		Date:	/		/		
ensure that the Chief Officer Northern Terri	5) are collecting information on the "Application for Appointment as a Volunteer Member" to en- itory Emergency Service is satisfied with a number of matters relating to the Volunteer Member er the <i>Emergency Management Act</i> . Failure to provide this information in full or part may result ir	appointment and	d the Chief C	Officer's d	ischarge	of their	
	• eee.						
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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 Recomm	ended					
Signature:		Date:	/	/				
Name:								
Comments:								

PART 3 - ENDORSEMENT OF OPERATIONS OFFICER (PRIOR TO CRIMINAL HISTORY CHECK)

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

PART 4 - ENDORSEMENT OF MANAGER NORTHERN/SOUTHERN

Application	Recommende	ed □	Not Recommend	ded			
Signature:			Date:	/	/		
Name:							
Comments:							
PART 5 - ENDOR	SEMENT OF CHIEF OF	FICER	NTES				
Application	□Approved		Not Approved				
Signature:			Date:	/	/		
Name:							
Comments:							
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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 Chief Officer NTES.

Instructions for Chief Officer 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.

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