



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): _____ (Mobile): _____

Email: _____ Previous Member: Yes No

Do you identify yourself as Aboriginal or Torres Strait Islander? Yes No

Previous Service/Experience/Qualifications: (NTES/Defence/Police/Fire/SES, etc.) _____

Next of Kin: _____ Relationship: _____

Home Address: _____ Contact: _____

I hereby apply for membership of the Northern Territory Emergency Service and agree to:

- A Criminal History Check
- Abide by the Code of Conduct of the Service.
- Achieve and maintain the minimum training obligation.
- Maintain all equipment issued to me in good order.
- Return all personal equipment including ID card issued to me upon resignation, termination or as directed by the Director NTES.

I agree to render voluntary service to the best of my ability and in accordance with the policies and procedures of the Northern Territory Emergency Service.

I have attached a certified true copy of my driver's licence (by an Authorised Officer) Yes No

I have attached 100 points of certified true copies of identification (by an Authorised Officer) Yes No

I have attached a completed criminal history form Yes No

I have provided certified true copies of certificates/qualifications (by an Authorised Officer) Yes No

I have shown the Unit Officer or Delegate an approved COVID-19 vaccination status document Yes No

Applicant's Signature: _____ **Date:** / / _____

PRIVACY DISCLAIMER

Northern Territory Emergency Service (NTES) are collecting information on the "Application for Appointment as a Volunteer Member" to ensure compliance with the *Emergency Management Act* to ensure that the Director Northern Territory Emergency Service is satisfied with a number of matters relating to the Volunteer Member appointment and the Director's discharge of their Duty of Care. This collection is required under the *Emergency Management Act*. Failure to provide this information in full or part may result in your application not being processed or supported.



APPLICANT'S STATEMENT OF PERSONAL MEDICAL HISTORY

Are you suffering from, or have you ever suffered from, any of the following disabilities?

	Yes	No		Yes	No
Nervous fatigue or neurasthenia			Dizziness or turns		
Mental or nervous conditions			Attack of unconsciousness or weakness		
Anxiety state			Anaemia or Haemorrhage		
Depression			Recurrent pain in the chest		
Difficulty in sleeping			Hernia (rupture)		
Epilepsy or fits			Asthma		
Persistent headaches			Discharge from ears or perforated eardrum		
Coronary artery disease			Deafness		
Operation on the heart			Diabetes		
High blood pressure			Skin eruption or rash		
Disease of the heart or blood vessels			Cancer or any kind of tumor		
Any disease of the blood			Bronchitis		
Dyspepsia, disease or ulcer of the stomach or duodenum			Hay fever or allergic rhinitis		
Frequent indigestion or vomiting attacks			Goitre or thyroid disease		
Gall bladder disease			Dermatitis or eczema		
Disease of the liver			Tropical diseases		
Jaundice or hepatitis			Infectious diseases		
Do you wear spectacles			Colour blindness or impairment		
Previous/recurrent back injury			Other (give details)		

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: _____

Name: _____ Date: / /

COVID-19 Vaccination documents sighted Date: / /

Comments: _____

PART 3 - ENDORSEMENT OF OPERATIONS OFFICER

Application Recommended Not Recommended

Signature: _____

Name: _____ Date: / /

Comments: _____

PART 4 - ENDORSEMENT OF REGIONAL MANAGER NORTHERN/SOUTHERN

Application Recommended Not Recommended

Signature: _____

Name: _____ Date: / /

Comments: _____

PART 5 - ENDORSEMENT OF DIRECTOR NTES

Application Approved Not Approved

Signature: _____

Name: _____ Date: / /

Comments: _____



Become a member of the Northern Territory SES Volunteer Association? Yes No

NTES VOLUNTEER IDENTIFICATION CARD

APPLICATION FORM

PART 6 - INSTRUCTIONS FOR VOLUNTEERS:

1. Complete this form – show Unit Officer or Delegate approved vaccination status documents.
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.