

**CDU SEA TURTLE RESEARCH VOLUNTEER FORM**

1. Name: \_\_\_\_\_

2. Full address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

3. Phone number B/H \_\_\_\_\_ A/H \_\_\_\_\_ Mob. \_\_\_\_\_

4. Email address \_\_\_\_\_

5. Date of Birth:        /        /

6. Trip dates        /        /        to        /        /

7. Emergency contact

*(This information is confidential information to be used only if there is an emergency)*

Name \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone number B/H \_\_\_\_\_ A/H \_\_\_\_\_

Mob. \_\_\_\_\_

8. Can you swim?        Yes / No

9. Are you allergic to anything?

Medicines \_\_\_\_\_

Food allergies \_\_\_\_\_

Severe skin allergies \_\_\_\_\_

Other. \_\_\_\_\_

Please provide details \_\_\_\_\_

10. Have you got a medical condition that could be of concern on a remote island?

Please provide details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Are you currently on any medications? Please provide details.

---

12. Is there anything else that we should know that will be of concern on a remote island?

---

13. Do you give permission for use photographs of you? Yes / No

14. Do you understand and agree to your responsibilities and procedures for evacuation from the island if necessary? Yes / No

For more information see the current Bare Sand Island Information Manual.

15. Interests – Photography, wildlife, related education etc.

---

I have enclosed my cheque / money order made to AusTurtle Inc. for \$50.00 as my pre-payment. I understand that on my cancellation this deposit will not be refunded.

I have read and understood the information manual and agree to all conditions within it.

Signed: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Send to: Michael Guinea  
Faculty of Education, Health and Science  
Charles Darwin University, Darwin NT 0909

Or Fax Attention Michael Guinea on (08) 8946 6847. *Note that this is not a confidential method as it is a communal fax machine.*