



VOLUNTEER MARINE RESCUE NSW

ABN 9813 8078 092

APPLICATION FOR MEMBERSHIP FORM MR400

ACKNOWLEDGEMENT

Thank you for your interest in joining Marine Rescue NSW (MRNSW). Our volunteers are the strength of the organisation and we welcome new members who share our commitment to saving lives on the water.

Your Unit Commander will have explained the processes involved in joining MRNSW, along with the Unit's operations, training opportunities and other activities.

Everyone applying to become a volunteer member of MRNSW is required to undergo a national Criminal History Record Check (CHRC) before their membership can be confirmed. The NSW State Emergency Service is engaged to perform this process on behalf of MRNSW, which is why you may be contacted by or receive correspondence from the SES.

If this check indicates the existence of a record for an individual with the same personal details as you, you will have the opportunity to discuss this with the SES Human Resources Officer (Staff & Volunteers) to advise whether the record relates to you, check its accuracy and provide details of any extenuating circumstances. Such a record may be relevant to the decision about whether you are suitable for volunteer membership of MRNSW.

While each case will be assessed on its merits, please note that a criminal history record will not automatically prevent you becoming a volunteer member of MRNSW.

Your Unit Commander will have provided you with the following:

- MR400 Application for Membership form
- Information on the NSW Criminal History Record Check process explaining the need for this and the authority of the SES and MRNSW to conduct this check.
- National Police Checking Service (NPCS) Application/Consent Form

Please ensure you read the information provided carefully. Once you have filled out both forms completely, hand these back to your Unit Commander.



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Personal Details

Volunteer Marine Rescue NSW (MRNSW) respects the privacy of its members and of other individuals with whom it deals. MRNSW is subject to the *Commonwealth Privacy Act 1988* and complies with the National Privacy Principles in that Act.

Information is collected and used in accordance with the Privacy Policy of MRNSW.

Fields marked (M) are Mandatory

(M) Unit	<input type="text"/>	Membership #	<input type="text" value="N00"/>
(M) Surname	<input type="text"/>		
(M) Given Names	<input type="text"/>		
(M) Date of Birth	<input type="text"/>	Applicants must be aged at least 16 years	(M) Gender (M/F) <input type="text"/>
(M) Address	<input type="text"/>		
(M) Suburb	<input type="text"/>		
Home Phone	<input type="text"/>	(M) Post Code	<input type="text"/>
Work Phone	<input type="text"/>	(M) State	<input type="text"/>
Mobile Phone	<input type="text"/>		
Boat Lic #	<input type="text"/>	Expiry Date	<input type="text"/>
Email Address	<input type="text"/>		
Occupation	<input type="text"/>		
Trade Qualifications	<input type="text"/>		

Do you consent to receiving corporate documents via your email address?

This applies to notices of meetings, financial reports, nominations of proxy etc. and/or other communications that are not required by law or the Constitution of Volunteer Marine Rescue NSW to be sent via post (M) Y ☐ N ☐

CrimTrac

Mandatory Requirement: All new applicants for membership of MRNSW are required to undergo a National Criminal History Check (CrimTrac) prior to their membership being confirmed. The mere existence of a criminal record will not alone or necessarily disqualify an applicant from gaining membership.

(M) I have received and completed the CrimTrac application form Y ☐ N ☐

Recognition of Prior Related Service or Qualifications

Please provide details of any previous membership of MRNSW, AVCGA, RVCP or VRA (if applicable)

Organisation	<input type="text"/>	
Unit Name	<input type="text"/>	
Start Date	<input type="text"/>	End Date (if applicable) <input type="text"/>
Membership #	<input type="text"/>	



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Next of Kin (required in case of emergency)

Relationship	<input type="text"/>																			
Surname	<input type="text"/>																			
Given Names	<input type="text"/>																			
Address	<input type="text"/>																			
Suburb	<input type="text"/>																			
Primary Phone	<input type="text"/>										Post Code	<input type="text"/>								
Secondary Phone	<input type="text"/>										State	<input type="text"/>								

Medical Declaration

I do not suffer any medical condition or disability which may impair or limit my capacity to carry out my assigned duties or which may place me and/or others at risk while carrying out those duties.

(If you have a medical condition or disability that affects your ability to carry out assigned duties, you have an obligation under Occupational Health and Safety Regulations to notify your Unit Commander prior to starting or continuing service. Matters of this nature can be discussed in strictest confidence.)

Declaration

I hereby apply for membership of Volunteer Marine Rescue NSW (MRNSW). I understand and undertake that, if accepted, I shall:

- Guarantee the liability of Volunteer MRNSW to a maximum of \$2.00
- Agree to be bound by the Constitution, Rules, By-laws and Operational Procedures of MRNSW
- Consent to my photograph being taken for my identification badge
- Satisfactorily complete any induction course and relevant probationary period
- Consent to the transfer of my membership details from my previous organisation/s and
- Undergo any training and assessment required for qualifications, competency and/or promotion within MRNSW

I understand that further information may be required for specific administrative purposes.

I have been provided with access to the MRNSW Code of Conduct and Ethics.

I am an Australian Citizen or Resident.

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A UNIT COMMANDER (OR DELEGATE)

(M) Signature _____

(M) Date

(M) Parent/Guardian _____
(if applicant under 18)

(M) Date

100 point identity check completed

(M) UC Signature _____

(M) Date

Date received at HQ

Note to Unit Commander:

Please send membership application to:

Marine Rescue NSW

Locked bag 5503, Camperdown, NSW, 1450

or email to info@marinerescuensw.com.au

Or fax to (02) 9969 5214

Unit Stamp Address Details