

BUSHCARE VOLUNTEER REGISTRATION FORM



PRIVACY STATEMENT: Personal details requested on this form are being collected and will only be used for the purpose of contacting you in relation to Bushcare and volunteering matters. The supply of information by you is voluntary. Access to the information is restricted to Council officers. You may make application for access or amendment to information held by Council.

Name: _____

Address: _____ **Postcode:** _____

Telephone Hm: _____ **Wk/Mob:** _____

Email address: _____

Emergency Contact: _____

Please outline any medical conditions (heart problems etc) that may effect your ability to work as a Bushcare volunteer (i.e. for First Aid purposes if needed) _____

Special dietary requirements? _____

Level of participation

I wish to participate actively as a Bushcare Volunteer ☐

I have children under 16 years of age that will be participating in Bushcare and I agree to supervise and take full responsibility for my children ☐

I wish to receive information about Bushcare but I cannot commit to work as an active volunteer ☐

To help us make your Bushcare experience more interesting, please indicate below the types of activities that you would like to participate in? (please tick below)

Bush regeneration	<input type="checkbox"/>	Tree planting	<input type="checkbox"/>
Bird watching	<input type="checkbox"/>	Native plant propagation	<input type="checkbox"/>
First Aid Certificate	<input type="checkbox"/>	Botanical drawing or painting	<input type="checkbox"/>
Photography	<input type="checkbox"/>	Writing (for newsletters)	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>		

How did you hear about Strathfield Bushcare? (please tick below)

Newspaper article	<input type="checkbox"/>	Council event	<input type="checkbox"/>	Other (please describe)	<input type="checkbox"/>
Bushcare display	<input type="checkbox"/>	Word of mouth	<input type="checkbox"/>	_____	

Bushcare Volunteer Agreement

1. I accept the responsibilities and limits set out in the Bushcare Volunteer Job Description.
2. I agree to accept guidance and direction from appointed Council Representatives
3. I agree to sign the Bushcare Volunteer Report Sheet at each work session
4. I agree to undertake my duties in a safe manner and to take responsible care for myself and others
5. I agree to take part in technical and safety training as required
6. I agree to contact Council Representatives if I experience any problems with the work I am undertaking
7. I understand the Bushcare Risk Assessment and the Bushcare Safe Operating Procedure
8. I agree to report any injuries or accidents occurring on site to Council Representatives
9. I consent to Council Representatives to call for medical attention if required and to pass on medical information to doctors and/or ambulance officers.
10. I agree to report any safety hazards noticed on site to Council Representatives
11. I agree to take care of equipment and to return it to Council Representatives at the end of each session
12. I agree to the possibility of photos and/or video footage of me to be used in promotion and reports by Strathfield Council.

Name: _____ **Signed:** _____ **Date:** _____

If applicant is younger than 18 years of age please fill in below details.

Parent/Guardian Name: _____

Relationship to applicant: _____

Parent/Guardian Signature: _____ Date: _____