

MR <input type="checkbox"/>	MRS <input type="checkbox"/>	MS <input type="checkbox"/>	MISS <input type="checkbox"/>	OTHER <input type="checkbox"/>	DATE OF BIRTH:	
FAMILY NAME:				COUNTRY OF BIRTH:		
GIVEN NAMES:						
ADDRESS:						
SUBURB:			POSTCODE:			
HOME PHONE:			MOBILE:			
EMAIL:						
<b>(If you put your email address here, you agree that Easy Care Gardening Inc will send emails to you including rosters &amp; other relevant information)</b>						

EMERGENCY CONTACT	PHONE / MOBILE
1.	
2.	

**FOR WHICH ACTIVITY ARE YOU VOLUNTEERING? (PLEASE TICK)**

GARDENING  LAWN MOWING  OFFICE

WHAT GARDENING KNOWLEDGE DO YOU HAVE? (PLEASE TICK)

NONE  YOUR OWN GARDEN  GARDENING COURSE  HORTICULTURAL TRAINING

WHAT SKILLS DO YOU HAVE THAT COULD BENEFIT ECG?

.....

**AVAILABILITY (PLEASE TICK):**      WEEKLY       FORTNIGHTLY       MONTHLY

FULL DAY  **OR** HALF DAY MORNING       **OR** HALF DAY AFTERNOON

MON     TUES     WED     THURS     FRI     SAT

DO YOU HAVE DISABILITY OR A MEDICAL CONDITION LIKELY TO AFFECT YOUR VOLUNTEER DUTIES? YES  NO

IF YES, PLEASE GIVE DETAILS:

.....

DO YOU HAVE A CAR? YES  NO  ARE YOU ABLE TO USE IT FOR ECG INC? YES  NO   
(Reimbursement is given for mileage.)

NAME OF YOUR COMPREHENSIVE CAR INSURANCE COMPANY

.....

ARE YOU A 'PROHIBITED' PERSON?	(TICK ONE)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DO YOU AGREE TO A POLICE CHECK?	(TICK ONE)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**REASON FOR VOLUNTEERING**

- HELP THE COMMUNITY  MEET NEW PEOPLE  SCHOOL/UNIVERSITY PROGRAM   
 WORK EXPERIENCE  CENTRELINK REQUIREMENT  COMMUNITY SERVICE ORDER   
 LEARN NEW SKILLS  VOLUNTEER WITH A FRIEND   
 OTHER (Please give details)  .....

**REFERENCES:**

NAME: ..... DAYTIME PHONE:.....  
 NAME: ..... DAYTIME PHONE:.....

**HOW DID YOU LEARN OF EASY CARE GARDENING INC? (Please tick one).**

- FRIEND  ECG WEB  FAMILY  BUS  RAIL  FLIER  UTE  EVENT/STALL   
 COUNCIL/LIBRARY#  NEWSPAPER/MAGAZINE#  SCHOOL / TAFE / UNI#  RADIO   
 SHOP/CENTRE#  WORK#  OTHER#  # (Give details) .....

HAVE YOU BEEN A VOLUNTEER BEFORE? YES  NO

IF YES, FOR WHICH ORGANISATION(S) AND IN WHAT CAPACITY? (Please give dates)

PUBLICITY PERMISSION GIVEN FOR NAME AND PHOTO TO BE USED INCLUDING WEBSITE?  
 YES  NO

DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH? YES  NO

IF YES, LANGUAGE(S) SPOKEN .....

**I FREELY CHOOSE TO VOLUNTEER WITH EASY CARE GARDENING INC:**

**SIGNATURE:** ..... **DATE:** .....

**MANAGEMENT RESERVES THE RIGHT TO REFUSE THE PLACEMENT OF A VOLUNTEER**

**OFFICE USE ONLY**

Admin	Initials/Date	Coordinator	Initials
Volunteer Pack sent (VolMgr)	...../ .....	Welcome Letter/email sent	...../ .....
References (VolMgr)	...../ .....	Welcome Letter Attachment P/forms/withcompsnewvols	...../ .....
Allocate to TL <b>Areas:</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> LM <input type="checkbox"/>	...../ .....	Pass to next Coordinator	...../ .....
Database – details/(V) or (V R/HH) on mailing list	...../ .....	Team List roster 1	...../ .....
Remarks in vols window –	...../ .....	Team List roster 2	...../ .....
AM/PM/Full/weekly/Fortnightly/Monthly/DOE	...../ .....	Team List roster 3	...../ .....
		Notes: Tell Leader/s lift is needed	...../ .....
REFER TO 1 <sup>ST</sup> COORDINATOR RESPONSIBLE FOR WELCOME LETTER ETC – IN SECOND COLUMN	...../ .....	Put in email address on Database & Also Tick	...../ .....