

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:		PREFERED NAME:	
ADDRESS:			
SUBURB:		POSTCODE:	
HOME PHONE:		MOBILE:	
EMAIL:			
(If you put your email address here, you agree that Easy Care Gardening Inc will send emails to you including rosters & other relevant information)			

EMERGENCY CONTACT	PHONE / MOBILE
1.	
2.	

FOR WHICH ACTIVITY ARE YOU VOLUNTEERING? (PLEASE TICK)

GARDENING MULCH DELIVERY 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

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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 (Tick as many as apply)

- 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. THIS INCLUDES NEWSLETTERS, ECG WEBSITE & FACEBOOK

PHOTO ONLY: / NAME ONLY: / NAME & PHOTO: / NO PUBLICITY:

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 / Volunteer Manager	Initials/Date	Coordinator / Volunteer Manager	Initials/Date
Volunteer Pack sent:/...../.....	Welcome Letter/email sent (Vol Mgr):/...../.....
Police Check instructions sent:/...../.....	Coordinator Training incl. WHS:/...../.....
Allocate to TL Areas: 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: Names screen incl. (V) in Mailing Name Volunteer screen incl. in Remarks: AM/PM/Full/weekly/Fortnightly/Monthly/DOE/Has a car./...../.....	Team List roster 1 Team List roster 2 Team List roster 3/...../...../.....
Put in email address on Database & Also Tick	/ /	Notes: Tell Leader/s if lift is needed/.....
ECG Induction done (Vol. Mgr):/.....	/.....