



**EASY CARE**  
GARDENING

# VOLUNTEER APPLICATION

PO Box 5337, South Turrumurra NSW 2074

[volunteering@easycaregardening.org.au](mailto:volunteering@easycaregardening.org.au)

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       MULCH TEAM       OFFICE

**WHAT GARDENING KNOWLEDGE DO YOU HAVE?** (Please Tick)

NONE       OWN GARDEN       GARDENING COURSE       HORTICULTURAL TRAINING

**WHAT SKILLS DO YOU HAVE THAT COULD BENEFIT ECG?**

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**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:

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Office Use only      **ACTION PLAN REQUIRED?**      YES       NO

**DO YOU HAVE A CAR THAT YOU ARE YOU ABLE TO USE IN YOUR VOLUNTEER ROLE?**      YES       NO

(Reimbursement is given for mileage within funded LGAs only.)

**NAME OF YOUR COMPREHENSIVE CAR INSURANCE COMPANY**

.....

**ARE YOU A 'PROHIBITED' PERSON?**      YES       NO

**DO YOU AGREE TO A POLICE CHECK?**      YES       NO



**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 HEAR OF EASY CARE GARDENING INC?**  
 .....

**HAVE YOU BEEN A VOLUNTEER BEFORE?** YES  NO   
 FOR WHICH ORGANISATION(S) AND IN WHAT CAPACITY? (Please give dates)  
 .....

**DO YOU GIVE PERMISSION FOR YOUR NAME AND PHOTO TO BE USED TO PROMOTE ECG INCLUDING ON OUR 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 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 – details/(V) or (V R/HH) on mailing list Remarks in vols window – AM/PM/Full/weekly/Fortnightly/Monthly/DOE	...../.....	Team List roster 1 Team List roster 2 Team List roster 3	...../..... ...../..... ...../.....
Safety glasses issued	...../.....	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	...../.....