

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:			
(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 TEAM  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. 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	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	...../..... ...../..... ...../.....
		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	...../.....