

Volunteer Registration Form

Your Contact Details	
First/Given Name	
Last/Family Name	
Phone	
Email	
Emergency Contact person	
Emergency Contact Person Phone	

How would you like to volunteer (commitment free)

Bush Regeneration field work - (current work groups you can choose from)

- ☐ **Weekly Tuesday group, Port Macquarie** (8:30am-12:00 noon. Volunteers undertake weeding and tree planting and maintenance on the regenerated wildlife corridors following the Yarranabee and upper Wrights Creeks lines that flow through the urban area of our town, and on several other Council urban bushland reserves. Bring morning tea except over summer when working bees are held for 2 hours)
- ☐ **Monthly Sunday group, Port Macquarie** (2 hours every 2nd Sunday of the month 8:30-10:30 am at Lower Wrights Creek wildlife corridor sites between Flynn Street and Lake Road. Activities involve weeding and tree planting and maintenance. Working bees are finished at a local café.)

Work for the Landcare Nursery (Mondays 9am-12noon, 22 Blackbutt Rd, Port Macquarie, including)

- ☐ Native plant propagation ☐ Nursery stall sales checkout
- ☐ Nursery maintenance ☐ Collecting Seeds

Comment

Contribute in other ways, including the administration of Port Macquarie Landcare

- ☐ **Administrative support and official roles**
 Roles include President, Vice President, Secretary, Treasurer, Publicity Officer, Funding Officer, Committee Member

Comment

Media release consent (optional)

I give my permission for publication of my name and photograph to publicise the work of Port Macquarie Landcare Group and sponsors. ☐ Yes / ☐ No

**Volunteer
Signature**

_____ / ____ / _____

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Work Health & Safety

When you sign a **Landcare Work Attendance Sheet** on site, you will be covered by Landcare insurance for that day.

Landcare would like you to help us to provide for all volunteers a safe working environment and a quick response in the event of health problems. As most roles involve physical activity, it is helpful for our supervisors to know if you have any **medical conditions, past injuries, disabilities or allergies** that may affect your participation.

I have a medical condition or past injury or disability or allergy: ☐ Yes / ☐ No

If you answered Yes:

1. Please inform your project manager (supervisor) or the nursery manager as appropriate.
2. Please indicate below the *emergency medical management plan* in the case of a medical incident (eg. administer medication, call for medical attention)

**Volunteer
Signature** _____ / ____ / ____

Becoming a financial member of Port Macquarie Landcare Group

Volunteers are asked to pay Port Macquarie Landcare Group's **annual membership fee (\$15)** to help cover administration costs.

Options to pay our annual membership:

- a) through online bank transfer to the Port Macquarie Landcare Group **PayID**.
Please remember to quote your name in the *Description* or *Reference* for the transaction.
PayID **treasurer@landcareportmac.com.au** **or**
- b) by visiting the Landcare Nursery on Monday mornings between 9am and noon at 22 Blackbutt Rd Port Macquarie (behind the National Parks & Wildlife Service Office). At the nursery you may pay by credit/debit card or cash.

Note: Membership fees will become due each 1st July. The membership of any new member who joins after 1st April, will be carried over to the end of the following financial year.

Completed form to be returned to your Landcare Project Manager or the Nursery Manager as appropriate.

Office checklist					
Members list updated		/	/	Landcare hat received	/ /
Secretary updated		/	/	Landcare shirt received	/ /
Treasurer updated		/	/		/ /
Scanned copy of this form emailed to volunteer		/	/		