



BUSHCARE VOLUNTEER REGISTRATION FORM

Thank you for your interest in the Bushcare Program. Your work as a Bushcare Volunteer will make an invaluable contribution to the conservation of Gosford's natural areas.

It is important that all people participating in the Bushcare program register as volunteers by completing the details on this form. All information is strictly confidential. Your details are essential for insurance purposes.

Name: _____ Date: _____

Address: _____ Postcode: _____

Phone:(hm) _____ (wk/mobile) _____

Email/s: _____

Emergency contact - Name: _____ Phone: _____

(Please circle your preference below)

Would you like to join a Bushcare group? Yes No

Which Bushcare group/s would you like to join? _____

Would you like the group's contact details? Yes No

If you are not sure which group/s we can call you with some suggestions. Yes No

Do you have any skills or experience relevant to the type of work you wish to do as a Bushcare Volunteer? Yes No

If yes please give details.

Have you any medical conditions, which may affect you as a Bushcare Volunteer? Yes No

If yes please give details

Why do you want to become a Bushcare Volunteer?

Would you like to be included in the Bushcare mailing list? (workshops, newsletters, flyers) Yes No
Email only / Mail only

PTO

OTHER WAYS YOU CAN HELP!

Please indicate the activities you would like to participate in:

Marketing – attending the Bushcare display at education events

Workshop and special event support - e.g. serving morning tea at workshops and cooking at BBQ's

Pamphlets \ Brochures - delivery

Photography

Other – please specify

PLEASE NOTE:

A training program has been developed for volunteers wishing to participate in the Bushcare Program. The current program consists of:

- | | | |
|----------|---|---------------------------------|
| 1 | <i>Introduction To Bushcare Workshop</i> <i>Bushcare basics</i> | <i>Duration: 3 hours</i> |
| 2 | <i>Bush regeneration on site (under supervision)</i> <i>Working sessions including plant identification and weed removal techniques</i> | |

Please specify which "Introduction To Bushcare" workshop you would like to attend (see Bushcare calendar available on Council's website)

Or, I attended on / / **at (venue)** _____

Signature _____ **Date** _____

Please return completed registration forms to:
Bushcare Officers
Gosford City Council
PO Box 21
GOSFORD. NSW. 2250

For more information go to http://www.gosford.nsw.gov.au/environment/natural_areas/bushcare.html

Thank you for your support – we look forward to Bushcaring with you into the future!

