



## VOLUNTEER PROGRAM REGISTRATION FORM

<b>I wish to register as a volunteer in the following activities of <i>The Friends</i>.</b>				
Kitchen Garden volunteer		Propagating Volunteer		
Social media, Editor, Publishing		Marketing, Publicity, Photographer		
MasterGardener programme		Arts & Crafts		
Events		Other (please note)		
<b>Personal Details:</b>		<b>Membership number</b>		<b>Age Group:</b>
Name:				
Address:				
Telephone:		Business hours		Mobile
<b>Emergency Contacts: (At least two are required)</b>				
	Contact 1	Contact 2	Contact 3	
Name				
Address				
Phone				
Relationship				
<b>Previous Experience/Skills/Qualifications:</b>				
<b>Reason/s for Volunteering:</b>				
<b>Health Issues:</b> (This section must be completed with details of any conditions, acute or chronic, that may impact upon your work as a volunteer or must be notified to ensure your safe working within the volunteer group in the areas you have nominated:)				
<b>Availability:</b> you may indicate your availability to more than one.	Weekdays	Indicate M, T, W, Th, or F		
	Weekends	Sat or Sun or Both		
	Public Holidays			
	One off support:			



## APPLICATION AND DECLARATION

I, apply to become a Volunteer with <i>The Friends of Brisbane Botanic Gardens and Sherwood Arboretum</i> .	
I declare for the purposes of this application that:	
a. I understand that there is no remuneration associated with volunteer work and this application does not constitute a contract of employment; and	
b. I understand that the information I provide will only be available to <i>The Friends' Board</i> and that it may only be used for its intended purpose; and	
c. I will use any information, pertaining either to The Friends' or BCC, provided to me in my capacity as a volunteer only for the purposes for which it is provided; and	
d. I understand I am subject to the standards of Workplace Health and Safety and have a responsibility to ensure personal and workplace safety for myself and my fellow volunteers; and	
e. While performing volunteer work I will be responsible for the security and safety of my personal property (including vehicles), at all times; and	
f. I have provided details of any injury, illness or condition that may affect my ability to perform volunteer work, or which may need to be accommodated; and	
g. I am willing to perform tasks allocated to me to the best of my ability, skills and knowledge and to follow the directions and supervision of the Volunteer Project Officer or any BCC employee(s) appointed, from time to time,	
h. I will take reasonable care of <i>The Friends'</i> and Council's property provided to me in my capacity as a volunteer, or used by me in that capacity; and	
i. I have provided <i>The Friends'</i> with proof of identity; and	
j. I understand that if the volunteer work involves working with children, it may be necessary for me to hold a working with children clearance notice The Working with Children (Risk Management & Screening) Act 2000 (Qld) <a href="https://www.legislation.qld.gov.au/LEGISLTN/.../W/WorkwithChildrenRMSR11.pdf">https://www.legislation.qld.gov.au/LEGISLTN/.../W/WorkwithChildrenRMSR11.pdf</a> ; and	
k. I am aware that if I am driving a private vehicle in connection with performing volunteer work it is my responsibility to ensure that the vehicle meets Queensland registration requirements and is comprehensively insured and I hold a valid and relevant drivers license.	
Applicant signature:	
Date	
Please return completed form to Volunteer Programs Coordinator Email: <a href="mailto:member@fbbgsa.org.au">member@fbbgsa.org.au</a>	
This section must be completed by a Friends board representative:	
Representative Name:	
Signature:	
Project:	Date: