Fleurieu Environment Centre

Community Garden Volunteer Registration Form

All information will be kept confidential

Personal Details

Volunteer Name:

____

Address____

____

Suburb:_________________________Post Code:___________________

Contact Phone Number____

Email Address:____

Date of Birth:____/____/___

In case of emergency, please notify:

____

Phone:________________________Relationship to you:______________

Do you have any special dietary requirements or food allergies? **Yes No**

If yes, please provide further information:

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Do you have any medical conditions, allergies, disabilities or past injuries that may affect your participation: **Yes/No** If yes – Please discuss with Project Manager and together fill out Appendix 1 on Page 4 of this document.

CONDITIONS OF PARTICIPATION:

I agree to comply with the following terms that refer to my participation in all projects activities:

1. FLEC requires that strict confidentiality be maintained with respect to all information obtained by volunteers concerning the organisation, as well as the clients and others they serve.

2. I have notified the Project Manager of any relevant medical conditions and pre-existing injuries, and I consent to the Project Manager rendering or authorising such medical treatment as necessary and accept responsibility for all associated expenses.

3. I shall respect the rights, feelings and property of all others associated with projects.

4. I shall cooperate with the Project Manager to ensure a safe, happy and hygienic team environment.

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I understand that failure to comply with any of these conditions may result in the Project Manager requesting me to leave.

Volunteer's

Signature____

Today's Date ____ /____/____

Extra Information- How you'd like to be involved?

What days and times are you available? ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday	**What activities would you like to be involved with at the Community Garden?** ☐ Gardening ☐ Seedling Propagation ☐ Compost/ worm farm ☐ Garden tours ☐ Facilitating workshops ☐ Administration/ office work ☐ Writing articles for newsletter ☐ Promotion/ publicity/ social media ☐ Stalls/ displays at events ☐ Organising events ☐ Research ☐ Arts projects Others______________________________ ___________________________________ ___________________________________ __________________________________
How often do you want to participate? ☐ Once or more a week ☐ Once a fortnight ☐ Once a month ☐ Only for special projects/events	

What are your reasons for volunteering?________________________________

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What do you want to gain from volunteering at the community garden?

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What skills, knowledge, and experience could you contribute through volunteering?

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What do you already know? *Please tick relevant boxes*

	Some experience/ knowledge	Confident	Could lead or co-lead training
Basic organic gardening			
Seed saving			
Propagating plants			
Dealing with pests and weeds			
Grafting			
Fruit trees			
Cooking with unusual herbs and vegies			
Permaculture			
Biodynamics			
Composting			
Worm farms Facilitating meetings			
Using power tools			
Supervising volunteers			
Leading garden tours			
Gardening with schools, children			
Mosaics, garden sculpture			
Basic carpentry			

Appendix 1- MANAGEMENT PLAN FOR PRE-EXISTING INJURY OR MEDICAL CONDITION

1. What is the medical condition, allergy, disability or past injury that may affect your participation?

   ____

   ____

   ____

2. **Information about the Condition/injury**

   a) How serious is the condition if aggravated? (Circle one or more of the following.)

   Potentially life-threatening **OR** Could require medical (doctor, hospital) treatment

   OR Could require own medication **OR** Could require rest or time off work

   b) In your own words tell us how we recognise that your condition has recurred or been aggravated.

When was the most recent episode?	
What actions, triggers or situations do you need to avoid?	
What is the management plan to minimise any aggravation to the condition/injury? eg. self medication, avoidance of allergy triggers (specify) etc	
What is the emergency plan if serious aggravation does occur?	
Volunteer Signature	Name Date__/__/__

Activity Leader

Signature Name

Date