

Form: Bushcare Volunteer

Document Number: 18/115389



Applicant Details			
Family name		Given name	
Postal address			
Suburb		Postcode	
Hone phone		Mobile	
Date of Birth (for insurance purposes only)			
Email Address			
Would you like to receive emails about environmental news and upcoming events?			<input type="checkbox"/> Yes <input type="checkbox"/> No
General Information			
Do you have any qualifications and/or experience in bush regeneration? (e.g. TAFE Certificate, First Aid Certificate, Bushcare Permit from another Council)			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details.			
Other skills that may be of use.			
Are there any medical or physical conditions that may affect the work you can do as a Bushcare volunteer (e.g. Asthmatic)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details.			
Group, Park or Reserve you would like to join (if known)			
Application Declaration			
<input type="checkbox"/> I agree to work under the guidance and supervision of Bayside Council staff			
<input type="checkbox"/> I agree to read and follow the Bushcare Manual and Work Health & Safety procedures			
<input type="checkbox"/> I understand that I am volunteering my service to Council and will not receive remuneration			
<input type="checkbox"/> I understand that I can withdraw from this volunteer program at any time.			
Signature		Date	
Please forward completed form to bushcare@bayside.nsw.gov.au			

Postal address
PO Box 21, Rockdale NSW 2216
ABN 80 690 785 443

Bayside Customer Service Centres
Rockdale Library, 444-446 Princes Highway, Rockdale
Westfield Eastgardens, 152 Bunnerong Road, Eastgardens

E council@bayside.nsw.gov.au
W www.bayside.nsw.gov.au
T **1300 581 299** | **02 9562 1666**

Telephone Interpreter Services: 131 450 Τηλεφωνικές Υπηρεσίες Διερμηνέων بخدمة الترجمة الهاتفية 電話傳譯服務處 Служба за преведување по телефон