



# Business Volunteering

- Yes we want to lend a hand!

Thank you for showing an interest in the plight of environmental sustainability in Tasmania. Please complete the following information and submit it to your manager who will collate your teams forms and send them to extra hands.

Please tick -  New Registration     Renewal     Update Details/ Change of Information

## Contact Information

Your Name				Your ID number <i>renewals and updates only</i>			
Business Name							
Postal Address							
Town			State			Post Code	
Municipality							
Home Phone				Work Phone			
Mobile Number				Fax Number			
E-Mail Address(s) <i>(This is where we will notify you of events)</i>							

## What would you like to do?

Please indicate  in which areas of volunteering you are interested. Tick all that apply. We will contact you via e-mail when our partners require assistance. Also, don't forget to keep an eye on the website and newsletter for more event information.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Tree Planting/Revegetation    | <input type="checkbox"/> School Education              | <input type="checkbox"/> Telephone Support Service |
| <input type="checkbox"/> Plant Identification          | <input type="checkbox"/> Community Education           | <input type="checkbox"/> Newsletter Production     |
| <input type="checkbox"/> Growing Plants                | <input type="checkbox"/> Animal/Bird Surveys           | <input type="checkbox"/> Volunteer Coordination    |
| <input type="checkbox"/> Seed Collection/Seed Sorting  | <input type="checkbox"/> Fox Eradication Management    | <input type="checkbox"/> Graphic/Website Support   |
| <input type="checkbox"/> Fencing                       | <input type="checkbox"/> Threatened Species Management | <input type="checkbox"/> Office Administration     |
| <input type="checkbox"/> Soil Management/Soil Mapping  | <input type="checkbox"/> Remnant Bush Protection       | <input type="checkbox"/> Database Support          |
| <input type="checkbox"/> Water Monitoring              | <input type="checkbox"/> Photopoint Monitoring         | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Salinity Monitoring           | <input type="checkbox"/> Fundraising                   | _____  |
| <input type="checkbox"/> Weed Mapping/ Weed Management | <input type="checkbox"/> Grant Submission Writing      |  |
| <input type="checkbox"/> Weed Reporting                |  |  |

## What extra skills would you like to share as volunteers?

Please indicate  special skills & qualifications you have acquired from employment, previous volunteer work, or other activities, which you would like to share and may benefit a volunteer experience

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Chemical Certification                            | <input type="checkbox"/> Training and/or Supervision | <input type="checkbox"/> Graphic Design        |
| <input type="checkbox"/> Current First Aid Certificate                     | <input type="checkbox"/> Drivers License             | <input type="checkbox"/> Website Design        |
| <input type="checkbox"/> Native Plant Identification                       | <input type="checkbox"/> Photography                 | <input type="checkbox"/> Database management   |
| <input type="checkbox"/> Revegetation Work                                 | <input type="checkbox"/> Submission Writing          | <input type="checkbox"/> Administration Skills |
| <input type="checkbox"/> Weed Identification                               | <input type="checkbox"/> Action Planning             | <input type="checkbox"/> Telephone Skills      |
| <input type="checkbox"/> Ability to drive a Tractor                        | <input type="checkbox"/> Facilitation Support        |  |
| <input type="checkbox"/> Other _____                                       |  |  |
| <input type="checkbox"/> Relevant Post Secondary Education _____           |  |  |
| <input type="checkbox"/> Computer Skills (specify software programs) _____ |  |  |

## When would you like to help out?

Please indicate  your preference

- Anytime**       Weekends Only (Sat/Sun)

## Where in Tasmania would you like to help out?

Please indicate  all that apply.

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> <b>All Areas</b>             | <input type="checkbox"/> North Eastern Tasmania         | <input type="checkbox"/> North Western Tasmania and the West Coast | <input type="checkbox"/> Southern Tasmania |
| <input type="checkbox"/> Break O' Day (St. Helens)    | <input type="checkbox"/> Flinders Island                | <input type="checkbox"/> Launceston                                |  |
| <input type="checkbox"/> Brighton                     | <input type="checkbox"/> George Town                    | <input type="checkbox"/> Meander Valley (Deloraine)                |  |
| <input type="checkbox"/> Burnie                       | <input type="checkbox"/> Glamorgan-Spring Bay (Swansea) | <input type="checkbox"/> Northern Midlands (Campbell Town)         |  |
| <input type="checkbox"/> Central Coast (Penguin)      | <input type="checkbox"/> Glenorchy                      | <input type="checkbox"/> Sorell                                    |  |
| <input type="checkbox"/> Central Highlands            | <input type="checkbox"/> Hobart                         | <input type="checkbox"/> Southern Midlands (Oatlands)              |  |
| <input type="checkbox"/> Circular Head (Stanley)      | <input type="checkbox"/> Huon Valley (Huonville)        | <input type="checkbox"/> Tasman                                    |  |
| <input type="checkbox"/> Clarence (Bellerive)         | <input type="checkbox"/> Kentish (Sheffield)            | <input type="checkbox"/> Waratah-Wynyard                           |  |
| <input type="checkbox"/> Derwent Valley (New Norfolk) | <input type="checkbox"/> King Island                    | <input type="checkbox"/> West Coast (Strahan)                      |  |
| <input type="checkbox"/> Devonport                    | <input type="checkbox"/> Kingborough (Kingston)         | <input type="checkbox"/> West Tamar (Exeter)                       |  |
| <input type="checkbox"/> Dorset (Scottsdale)          | <input type="checkbox"/> Latrobe                        |  |  |

## Agreement and Signature

We agree to abide by the rules and procedures as set out in the Procedures Manual when participating in extra hands activities. I understand that any false statements, omissions, or other misrepresentations made by me may result in cancellation of my subscription. Please tick & sign below to indicate your agreement.

**Privacy Policy:** Personal information will not be distributed beyond the needs of the Extra Hands Program unless as an auditing or other legal requirement

Name (Please print)	
Signature	
Date	

\*\*\*Please now give this form to your manager who will collate your subscriptions and send them into extra hands.