



Business Partner Subscription

- 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 the Extra Hands Volunteer Program.

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										
Street 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 your team like to do?

Please indicate in which areas of volunteering your team is interested in. Tick all that apply.

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

What extra skills would you like to share as volunteers?

Please indicate special skills & qualifications that your team has acquired from employment your 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 your team like to help out?

Please indicate your preference

- Anytime** Weekends Only (Sat/Sun)

Where in Tasmania would you your team like to help out?

Please choose a **maximum** of four areas of the state where you would like to volunteer -.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> All Areas | <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 | | |

Fees, Agreement and Signature on behalf of your team

Please indicate your subscription choice. Fees include GST and are valid for one year from July 1st to June 30th. You will receive an invitation to events based on your choices indicated on this form and may choose to attend or not based on your schedule.

- Businesses with less than 50 staff \$1000 Businesses with greater than 50 staff \$2500 Yes I require a tax invoice

____ **Number of people representing this registration**

As part of your agreement your business will receive notices of extra hand events via email that matches what you indicated as your area of interest. You as the contact person can decide to pass these details on to your staff that can then choose to attend or not. In addition, your business also has the opportunity to attend up to two extra hand events that are exclusively yours.

Please indicate below when is a good time of the year for you for these events or alternatively contact our office to discuss your options. Time of year that suits us: _____

I agree to abide by the rules and procedures as set out in the extra hands Procedures Manual when participating in extra hands activities. I understand that any false statements, omissions, or other misrepresentations made by me may result in the 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	
Organisation:	
Date	

Please send your application to: Extra Hands - Tasmanian Landcare Association Inc.
 PO Box 21 South Hobart TAS 7004 tel: 6234 7117 fax: 6234 7127
 email: extrahands@taslandcare.org.au