



# Coffs Harbour Regional Landcare Inc

ABN: 33917626628

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WEB: [www.coffsharbourlandcare.org.au](http://www.coffsharbourlandcare.org.au)

Form M1



## APPLICATION FOR MEMBERSHIP FORM 2010-2011

Locality site/s \_\_\_\_\_

Family name: \_\_\_\_\_ Given names: \_\_\_\_\_

Address \_\_\_\_\_ P/Code \_\_\_\_\_

Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_

Email: \_\_\_\_\_

- Do you wish to receive CHRL's bimonthly newsletter by email?  Yes  No
- Do you consent to any photos taken of you undertaking CHRL activities being used in promotional material?  Yes  No
- You are welcome and encouraged to attend CHRL general meetings where we have interesting speakers. Meetings are held quarterly at the Neighbourhood Centre, Community Village at 5.30pm. Minutes are sent to those who attend meetings. Copies are available on request.

**Membership Fee Due: \$5 per volunteer. Date Paid** \_\_\_\_\_ **Receipt No** \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list your interests, skills and experiences if relevant, and why you would like to join:

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When would you be available for volunteering (please tick if relevant):

Time	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Weekly, monthly or once every two months? \_\_\_\_\_

### Medical Information

Are you on Workers Compensation or Sick Leave?  Yes  No

Are you taking any medication that may be important for us to know about? (eg. heart tablets or insulin?)

Yes  No

If yes, please provide details:

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Do you have any inoculations as a safeguard against diseases? (eg. tetanus)  Yes  No

If yes, please provide details (eg. type and date):

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Do you have any known allergies? (eg. bee stings)  Yes  No

If yes, please provide details (eg. type and date):

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Do you have any known medical restrictions that may affect your volunteering tasks or that may affect other volunteers?

Yes  No

If yes, please provide details:

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Is there any other issue or health problem that you would like to discuss in confidence with the Group Delegate, or Community Support Officer?

Yes  No

**Working with Children and Young people:** If you would like to participate in volunteer activities that involves working with children & young people under 18 years of age, please advise if you are a prohibited person under the *Child Protection Act 2000*.

Not Applicable

Yes

No

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's Signature (under 18's): \_\_\_\_\_

***N.B. Please be aware that if you intend to conduct on-ground work you will need to work on an approved CHRL worksite and undertake an OH&S induction for that site. If you are unsure please contact the Community Support Officer at CHRL.***

*Thank you for your interest in volunteering with Coffs Harbour Regional Landcare:  
**Supporting local volunteers in natural resource management***

Office Use Only: Approved \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_