

Harvest Group Volunteer Registration Form



Personal Details

Name: _____

Address: _____

Date of Birth: _____

Email: _____

Phone numbers: _____

What is your preferred method of communication? _____

What is your main mode of transport? _____

What is your time availability?

What parts of the project are you interested in?

- Harvesting Fruit
- Distributing Fruit
- Fruit Tree Maintenance (pruning, natural pest control, mulching composting)
- Co-ordinating Harvest
- Administration
- Promotions (putting up posters etc)
- Documenting the Project (photography, article writing etc)
- Fund Raising
- Preserving/ Bottling
- Teaching/Skill Share
- Other:

Do you have any first aid considerations (i.e. bee allergy)? _____

Do you have any of your own tools to use (ladders, pruning saws, secateurs)? _____

Do you have current first aid training/certificates,
police check or food handling certificates? _____

SIGNATURE:

DATE:
