



# Farnham Street Neighbourhood Learning Centre

ABN: 30 202 169 571

28 Farnham Street Flemington, Victoria 3031 Australia

Tel: 03 9376 9088 Fax: 03 9376 7739 Email: [info@fsnlc.org](mailto:info@fsnlc.org) Web: [www.fsnlc.org](http://www.fsnlc.org)

## Garden Volunteer Registration Form

First Name: ..... Family Name:.....

Address: ..... Post Code:.....

Telephone: (Home)..... Mobile: .....

Email: .....

☐ Male ☐ Female

Date of birth:    *day*                      / *month*                      / *year*

Emergency contact:

Name: ..... Relationship: ..... Telephone: .....

Which country were you born in? ☐ Australia      ☐ Other.....

Year arrived in Australia.....

What language do you mainly speak at home? ☐ English                      ☐

Other:.....

Do you have a disability?: ☐ Yes                      ☐ No

Do you have any gardening experience? .....

What are your personal goals/objectives for volunteering in the FSNLC Community Garden?

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Are you available to work in the garden between 10am -12 noon on Fridays? ☐ Yes ☐ No

Do you wish to be a member of the Farnham Street Neighbourhood Learning Centre? ☐ Yes ☐ No

Volunteers are required to have a current working with Children Check.

Card #:..... Expires: ..... Copy of card attached ☐ Yes ☐ No

Signature.....

How did you find out about this garden?

- ☐ From talking to other people
- ☐ At a Festival
- ☐ Brought here as part of a group
- ☐ Advert in newspaper
- ☐ Saw a brochure
- ☐ Sign outside Centre
- ☐ Referred here by other agency
- ☐ Website
- ☐ From using the park:

Photos and videos taken in class are sometimes used for publicity or promotional purposes by FSNLC.

I authorise FSNLC to use photos and videos of me in this manner. Yes ☐ No ☐

Signature:

Date: