

Appendix 3 Environmental Volunteers

Date:

Partnership - Agreement



NAME OF GROUP:		
Name of Group Activity Leader:		
Address:		
Home phone:	Mobile:	
Email:		
Name of Knox Bushland Reserve:		
Knox Bushland Reserve address:		
Number of members in Group:		
Is your Group incorporated? YES / NO	If yes, does your Group have insu	rance? YES / NO
 I acknowledge that I have read and understood the following and that I: Accept the roles and responsibilities of a Knox Environmental Volunteer Group, as specified in the Knox Environmental Volunteer Guidelines document. Will ensure that all members of the Environmental Volunteers Group behave in a safe and responsible manner. Will maintain an accurate Volunteer Register of all people attending group activities and submit to Knox Biodiversity Team (within 10 days in case of an accident). Will provide an Agreed Works Plan to the Knox Biodiversity Team each year which will detail the anticipated activities to be undertaken by the group. Understand that insurance cover will only be available on reserves owned by Knox Council. Will liaise with the Knox Bushland Team Leader regarding all bushcare activities and any issues arising relating to the adopted bushland. 		
Signed Group Activities Leader:		Date:
 Knox Council acknowledges and agrees to the following: That Knox Council will provide operational assistance to Environmental Volunteers as per the Knox Agreed Works Plan where necessary. That Knox Council will provide resources to undertake the Knox Agreed Works Plan. Knox Council will respond to requests from Environmental Volunteers in a timely manner. Knox Council will work with Environmental Volunteers to raise the awareness of conservation volunteers amongst the community. 		
5. Knox Council will provide advice and information to Entire in a safe and responsible manner.	vironmental Volunteers to enable activ	ities to be conducted

Signed Bushland Management Team Leader:

^{*}Please return to Knox Biodiversity Department