

# Weed Warriors agreement form

## I, as a Weed Warriors Key Contact, understand and agree to:

- Ensure that a suitable mentor is found to interact with, and support, the school within and beyond the breeding program,
- Endeavour to link the Weed Warriors school to a local community group,
- Ensure that the Weed Warriors school has the supplies they need, including a sufficient supply of biological control agents and weed material to run the program,
- Select a suitable biological control release site through consultation with a local authorised weed officer,
- Select release sites according to best practice criteria and sound integrated weed management principles,
- To ensure that prior to the release of the biological control agents the agreement of cooperation form is signed by the active land manager of the release site and return the form to the National Weed Warriors Coordinator at the end of the program,
- To collect release site details on the biological control release site data sheet and send this data to the National Weed Warriors Coordinator at the end of the program for inclusion in the National Weed Warriors database,
- To monitor the release site in the future and collect, on the biological release site monitoring form, information on agent establishment and spread and send this data to the National Weed Warriors Coordinator,
- Attempt to promote the program through local media and, where possible, arrange field days or publicity events centred around the student's release of the biological control agents,
- Where possible, take photographs of Weed Warriors activities and provide a copy to the National Weed Warriors Coordinator at the end of the program, and
- Provide feedback to the National Weed Warriors Coordinator at the completion of the program.

I,	
_____	
have read the above conditions and am fully aware of my responsibility as a Weed Warriors Key Contact and agree to abide by these guidelines.	
Signed	_____
	Date
Co-signed	_____
	Date
(National Weed Warriors Coordinator)	

### Official use only

Date received \_\_\_\_\_

Reference # \_\_\_\_\_



Please return this completed form to:

**National Weed Warriors Coordinator**

Please refer to the Weed Warriors website [www.weedwarriors.net.au](http://www.weedwarriors.net.au) for contact details

**IT IS COMPULSORY TO COMPLETE AND SIGN THIS FORM**

