

Tondoon Botanic Gardens

New Volunteer Form

APPLICANT DETAILS:

First Name: Surname:

Date of Birth: Gender:

Address:

Home Phone: Work Phone: Mobile:

Email:

EMERGENCY CONTACT DETAILS:

(We will only use the Emergency Contact in the event of an emergency)

First Name: Surname:

Home Phone: Work Phone: Mobile:

Relationship to You:

CURRENT CERTIFICATES:

(If "Yes", please provide an expiry date for that certificate)

Queensland driver's license: Y / N Expiry date:

First Aid certificate: Y / N Expiry date:

CPR certificate: Y / N Expiry date:

Working with Children Blue Card: Y / N Expiry date:

AREAS OF INTEREST:

(Please mark all that apply)

Guided Walking Tours

School Holiday Activities

School Education Programs "Lessons in the Gardens"

Events (e.g. EcoFest, Wedding Expo, Movies in the Gardens, Music in the Gardens)

Friends of Conservation

Herbarium

Friends of Bonsai

AVAILABILITY:

(Please mark all that apply and indicate any preferences)

On a regular day each week:

During school holidays:

For specific events/projects:



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SKILLS:

What skills, experience, or qualifications can you offer to the gardens as a volunteer?

How would you describe your skill level?

HOW DID YOU HEAR ABOUT US?:

(Please mark all that apply)

TV/Radio/Newspaper

Word of Mouth

Special Event

Social Media - Facebook

Family/Friend

Gladstone Regional Council Website

Gladstone Regional Council Social Media - Facebook, Twitter, YouTube, Instagram, etc.

Gladstone Regional Council Newsletter

Other:

PREVIOUS WORK EXPERIENCE

(Please include paid and/or voluntary work)

Do you have any objections to a reference check? : Y / N

Name of Organisation	Position Held	Description of duties performed	Period of Work

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APPLICANTS AGREEMENT:

(All volunteers are required to adhere to all Gladstone Regional Council policies)

By signing this participation form, I confirm that the above information is true and correct to the best of my knowledge and does not contain misleading or incorrect information at the time of signing this declaration. I also confirm I have read and understood the attached Role Description Form.

Printed Name:

Signature:

Date:

Collection Statement: *The Gladstone Regional Council is collecting the personal information provided above for the purpose of processing this form. This personal information may be accessed and used by authorised employees of Council. This personal information will not be used for any other purpose without your permission, unless authorised or required by law.*

MAIL COMPLETED FORM TO:

Gladstone Regional Council, Tondoon Botanic Gardens, PO Box 29, GLADSTONE DC QLD 4680

Fax: 4975 8500

Email: info@gladstone.qld.gov.au