

# 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, World Bonsai Day, Threatened Species Day)

Friends of Bonsai

Herbarium

Friends of Conservation (Nursery Tannum Sands)

### AVAILABILITY:

*(Please mark all that apply and indicate any preferences)*

On a regular day each week:

During school holidays:

For specific events/projects:



GLADSTONE  
Tondoon Botanic Gardens



GLADSTONE  
REGIONAL COUNCIL

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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:**

**PRIVACY ACT PERSONAL INFORMATION COLLECTION NOTICE:** "Gladstone Regional Council is collecting your personal information for the purposes of processing your application and undertaking associated Council functions and services. Council is authorised to collect this information in accordance with the Local Government Act 2009 and associated laws. Your personal information will not be disclosed to third parties without your consent, or, if required to do so by law. This document is subject to the provisions of the Information Privacy Act 2009, Right to Information Act 2009 and the Public Records Act 2002."

### MAIL COMPLETED FORM TO:

Gladstone Regional Council, Parks and Environment Department, PO BOX 29, GLADSTONE DC QLD 4680

Fax: 4975 8500

Email: [info@gladstone.qld.gov.au](mailto:info@gladstone.qld.gov.au)