

STILL GARDENING Volunteer Application Form							
Personal Details - Mandate	ory						
First Name	Last name						
Home address							
Postal address		Postcode					
Phone		Mobile					
Email		Preferred contact method					
Date of Birth		Date of application					
Do you speak other languages	When you u	use pronouns to talk she he the					
	about me, p	lease say:	her	him	them		
<b>Emergency Contact Detail</b>	s- Primary	Contact - Manda	atory		•		
Name							
Relationship							
Address							
Address							
Phone number							
<b>Emergency Contact Detail</b>	s - Second	Contact					
Name							
Relationship							
Address							
Address							
Phone number							
<b>Medical Information - Man</b>							
Do you have an existing medical d	lisability / con	dition / injury? (inclu	ding allerg	ic reaction	is) Please		
detail							
<b>Do you take any medication that may affect your volunteer work?</b> Please provide details							
Obille and intersect in mendaning the burts aring whith Otill Operations							
Skills and interest in gardening/volunteering with Still Gardening What is motivating you to apply for this position and what gardening experience do you have?							
what is motivating you to apply for this position and what gardening experience do you lidve?							
			<u> </u>				
Current Drivers Licence Current National Police Check	YES/ NO	Please list number:					
Current First Aid Certificate	YES/ NO YES/ NO	If 'No' Sup					
- USI needed for booking course		n no sup	,pry 031.				
go to the USI website www.usi.gov.au to create one or retrieve it							



City of HOBART

Current COVID-19 Vaccination Certificate				Y	YES/ NO			
Availability to Volunteer								
No. hours/week								
							-	
Preferred								
Days	Monday	Tuesday	Wednesday	Thurs	sday	Friday	Saturday	Sunday
Please circle								
Preferred Time								

Employment and/or Volunteering History						
Have you worked/volunteered fo	YES/NO					
If yes in what capacity and when?						
Have you, or do you currently vo	lunteer for other organisations?	YES/ NO				
If yes please specify:						
Referees						
Please provide contact details of 2 people:         1. Professional/academic relationship       2. Not a family member						
Referee 1: Name	Relationship	How long have you known this referee?				
Phone	Mobile	Email				
Referee 2: Name	Relationship	How long have you known this referee?				
Phone	Mobile	Email				
How did you become aware of Still Gardening Volunteering opportunities?						
Friend	Newspaper	Other				

## DATE: \_\_\_\_\_

## SIGNATURE: \_\_\_\_\_

We understand the strength in diversity and seek to have our workforce reflect the broader Hobart community. We encourage applications from talented people from all backgrounds, abilities, ages and identities, including Aboriginal and Torres Strait Islander people.