

Volunteering at the Mackay Regional Botanic Gardens Application Form



Application Form:

Name (Mr, Miss, Ms, Mrs):

First Name:

Last Name:

Street Address:

Phone:

Email:

Date of birth:

Emergency Contact Person:

Name:

Relationship:

Phone:

Address:

Email:

Do you have any medical conditions, past injuries or allergies that may affect your participation as a volunteer? Yes / No

Please provide details pre existing medical condition/ previous injury form. (If yes, please discuss this with the Botanic Gardens).

Availability to volunteer: weekly/ fortnightly/ monthly

Skills/ Abilities (please list to assist staff in planning projects):

Qualifications/ Experience: (horticulture/ florist work/ nursery)

Gardening Volunteers

Volunteers meet Gardening staff at the Compound (on Crowleys Road) 6.15-6.30am for a **6.30am** start. Alternatively, you are welcome to start after morning tea break at 9.30am and meet at the Compound. Please arrange this the Friday prior to your volunteering day. **Volunteers will finish at 12noon.**

Volunteer gardeners can volunteer on Tuesday and/ or Wednesdays. These opportunities will vary throughout the year depending upon the garden's programs.

What to wear and bring:

Volunteers working outdoors are required to wear:

- long sleeved shirt and long pants
- broad-brimmed hat
- steel capped boots and leather gloves.

Please bring a packed morning tea and a water bottle. Please be aware that mosquitoes and ticks are present throughout the Gardens and insect repellent is recommended.

Volunteer Information Officers, Administration Officer Volunteers, Volunteer Guides and Roaming Guides

These opportunities will vary throughout the year depending upon project opportunities. Please liaise with Visitor Services Officer for days and times.

Do you have a Working With Children's Blue Card?

Yes/ No

Why do you want to volunteer at the Mackay Regional Botanic Gardens?

Social reasons [] Improve skills for work opportunity []

Horticultural interest [] Work for the dole []

Work experience []

Volunteer's Name: _____

Volunteer's Signature: _____

Date: _____

Privacy Disclaimer

Mackay Regional Council is collecting this information in order to process your Application. This information will not be disclosed to any other third party without your written or verbal authorisation or as required by law.

Mackay Regional Botanic Gardens Volunteer Questionnaire for medical condition, allergies or pre-existing injury:



1. What is the medical condition, allergy or past injury?

2. Information about the condition/ injury.

3. What actions/ triggers do you need to avoid?

4. What is the management plan to minimise any aggravation to the condition/ injury?

5. What is your emergency plan in the event of an emergency?

Volunteer:

Signature: _____ Name: _____ Date: _____

Staff member:

Signature: _____ Name: _____ Date: _____

Privacy Disclaimer

Mackay Regional Council is collecting this information in order to process your Application. This information will not be disclosed to any other third party without your written or verbal authorisation or as required by law.