

# Volunteer registration application (Still gardening)



City of HOBART

## When to use this form

Use this form if you would like to apply to become a Still Gardening Program Volunteer (Garden Mate).

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

View the [Still Gardening role description](#) which outlines the requirements and expectations of the role as a volunteer.

Visit our [website](#) for more information about the program or contact us on 6236 9349 or at [stillgardening@hobartcity.com.au](mailto:stillgardening@hobartcity.com.au).

## Your details

First name Required

Last name Required

Email address Required

Telephone number Required

Address Required

Is this your postal address? (Select 1 option) Required

- yes
- no

Answer this question if you selected 'no' in *Your details > Is this your postal address?*

Postal address Required

Preferred contact method (Select 1 option) Required

- email
- telephone
- Australia Post

Date of birth Required (submitting online? Use the calendar icon on the right to select the date)

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Do you identify as an Aboriginal and Torres Strait islander? (Select 1 option)

- yes
- no

Do you speak other languages? (Select 1 option) Required

- yes
- no

Answer this question if you selected 'yes' in *Your details > Do you speak other languages?*

What other language(s) do you speak? Required

What are your pronouns? (Select 1 or more options)

- she
- her
- he
- him
- they them

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## Skills and interest in gardening/volunteering

What is motivating you to apply for this position? Required

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What gardening experience/interests do you have? Required

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Do you have any experience in working with senior clients/customers? (Select 1 option) Required

- yes
- no

Answer this question if you selected 'yes' in *Skills and interest in gardening/volunteering > Do you have any experience in working with senior clients/customers?*

What is your experience? Required

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**Do you hold a current drivers licence? (Select 1 option)** Required

- yes
- no

Answer this question if you selected 'yes' in *Skills and interest in gardening/volunteering > Do you hold a current drivers licence?*

**What is the licence number?** Required

**Have you had a National police check? (Select 1 option)** Required

- yes
- no

Answer this question if you selected 'yes' in *Skills and interest in gardening/volunteering > Have you had a National police check?*

**Attach a copy of your National police check** Required



Please attach all files to the end of this form before submitting it.

This information applies if you selected 'no' in *Skills and interest in gardening/volunteering > Have you had a National police check?*

**You will be required to apply for a National police check as part of the application process. This will be arranged and paid for by Still Gardening.**

**Do you hold a current First aid certificate? (Select 1 option)** Required

- yes
- no

Answer this question if you selected 'yes' in *Skills and interest in gardening/volunteering > Do you hold a current First aid certificate?*

**Attach a copy of your current certificate** Required



Please attach all files to the end of this form before submitting it.

This information applies if you selected 'no' in *Skills and interest in gardening/volunteering > Do you hold a current First aid certificate?*

**You will be required to complete a First aid certificate course as part of the application process. This will be arranged and paid for by Still Gardening.**

## Availability to volunteer

Still Gardening volunteer meetings, events, working bees and training are all held on weekdays (usually Monday - Wednesdays)

If successful, you will need to be available on a weekday for your initial interview and induction.

Are you available to attend Still Gardening related events on weekdays? (Select 1 option) Required

- yes
- no

Are you able to commit to a minimum of 4 hours per month? (Select 1 option) Required

- yes
- no

Preferred days to volunteer in the garden (Select 1 or more options) Required

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

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## Employment and/or volunteering history

Have you worked or volunteered for the City of Hobart previously? (Select 1 option) Required

- yes
- no

Answer this question if you selected 'yes' in *Employment and/or volunteering history* > *Have you worked or volunteered for the City of Hobart previously?*

**In what capacity and when?** Required

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**Do you currently volunteer for other organisations, or have you done so in the past? (Select 1 option)** Required

- yes
- no

Answer this question if you selected 'yes' in *Employment and/or volunteering history* > *Do you currently volunteer for other organisations, or have you done so in the past?*

**Please provide details** Required

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## Medical information

**Do you have an existing medical disability/condition/injury? (including allergic reactions) (Select 1 option)** Required

- yes
- no

Answer this question if you selected 'yes' in *Medical information > Do you have an existing medical disability/condition/injury? (including allergic reactions)*

**Please provide details** Required

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**Do you take any medication that may affect your volunteer work? (Select 1 option)** Required

- yes
- no

Answer this question if you selected 'yes' in *Medical information > Do you take any medication that may affect your volunteer work?*

**Please provide details** Required

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## Emergency contact details

### Primary contact

**First name** Required

**Last name** Required

Relationship to you Required

Telephone number Required

Address Required

## Secondary contact

First name

Last name

Relationship to you

Telephone number

Address

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## Referees

Referee 1 - professional/academic relationship



**First name** Required

**Last name** Required

**Email address**

**Telephone number** Required

**Relationship to you** Required

**How long have you known this person?** Required

## Referee 2 - not a family member

**First name** Required

**Last name** Required

**Email address**

Telephone number Required

Relationship to you Required

How long have you known this person? Required

How did you hear about the Still gardening volunteer program? (Select 1 or more options) Required

- friend
- newspaper
- other

Answer this question if you made a selection that includes 'other' in *Referees > How did you hear about the Still gardening volunteer program?*

Where did you hear about the program? Required

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## Declaration

In making this application: (Select 1 or more options)

- I have read and understood the Still gardening Volunteer roll description. Required
- I declare that the information I have provided is true, accurate and complete. Required
- I agree that by typing my name below I have signed this application. Required

Name of signatory Required

**Date** Required (submitting online? Use the calendar icon on the right to select the date)

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For information on how the City of Hobart manages, handles and protects personal information it collects please refer to the [Privacy Statement and Policy](#).

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*End of form*

*Don't forget to attach all files before submitting this form*