



Please complete this form and return:

By email: info@nca.gov.au

In person: National Capital Exhibition Barrine Drive, Commonwealth Park

Parkes, ACT 2600

By post: Att. Volunteer Officer GPO BOX 373 Canberra ACT 2601

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Position Applying for	Volunteer G	uide/Greeter	Horticulture Volunteer		Research Volunteer			
1. Personal Details								
Title	First	Name		Surname				
Date of Birth				Gender	Male	Female	Non-Binaı	
Email								
Phone (Home)				Phone (Mobile)				
Address								
State				Postcode				
Do you have access to transport?	Public Trans	sport Priva	ate Vehicle					
2. Skills and Qualifications								
Formal Qualifications								
	(e.g. Diploma, Degree, Trade qualification)							
Other Training/Certification	(a. w. Final Aid, Advanced Puiving)							
Foreign Language	(e.g. First Aid, Advanced Driving)							
i oi eigii Laiiguage	(Written and/or	spoken skills in an	y other languages	:)				
3. Volunteering and Employ	ment History							
ave you volunteered before?	No	No Yes (if yes, please provide details below o				position)		
Volunteer Position								
Organisation								
Date								
Are you currently working in a paid position?	No	Yes (if yes, please p	provide details be	low of you most recer	nt paid posi	ion)		
Paid Position								
Organisation								
Date								
4. Referees								

one year, is not a member of your family, be over the age of 18 and be readily contactable.

Referee Name Relationship

How long have you known **Phone** this referee?

Email

5. Availability

Date available to start

No. of hours per week

Preferred day/s

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
am	am	am	am	am	am	am
pm	pm	pm	pm	pm	pm	pm

Please note: regular Horticulture Volunteer shifts occur on weekday mornings only.

6. Declaration

Please read each statement and tick each check box to acknowledge your acceptance:

I/We

I declare that the information I have provided on this application is true and correct.

I understand that I may be required to participate in an interview and selection process and agree to reference and/or Working with Vulnerable people checks.

I understand that I may be required to complete a health check prior to commencing work with this organisation.

I understand that I will be required to undertake an induction and training prior to commencing work with this organisation.

I understand that I will be required to abide by the APS Code of Conduct.

Signed

Date

Privacy Statement: The National Capital Authority is an organisation for the purposes of the Privacy Act 1988 (Cwth) and therefore has legal obligations to ensure the protection and proper use and handling of personal information. The organisation places a high value on the rights of individuals to have their personal information protected. Any personal information collected will only be used for the primary purpose for which it has been collected. However, some information may be used for research or statistical purposes. In this regard, all information will be treated as confidential and individual names will not be identified.