

Department of Primary Industries Parks Water and Environment

Quarantine Station State Reserve Summer Volunteer Caretaker Program 2018/19

APPLICATION FORM

*Each person or couple applying must complete an Application Form
Couples please include comments from each of you in the Selection Criteria*

VOLUNTEER 1

Surname Given Name/s

Age last birthday Preferred name

Residential address Postcode

Postal Address (Only if different)

Phone: Home Work Mobile

Email:

WILDCARE 2018/19 membership number:

VOLUNTEER 2

Surname Given Name/s

Age last birthday Preferred name

Residential address Postcode

Postal Address (Only if different)

Phone: Home Work Mobile

Email:

WILDCARE 2018/19 membership number:

EMERGENCY CONTACT DETAILS

Name Relationship to person

Address

Phone(s)

PREFERRED SESSION(S) IN 3 and 4 WEEK BLOCKS

Please number 1 – 7 in order of preference or stipulate a specific session (s) that you are available for.

<i>Date Start</i>	<i>Date Finish</i>	<i>Preference 1-7</i>
17 th October 2018	14 th November 2018	
14 th November 2018	12 th December 2018	
2 th December 2018	9 th January 2019	
9 th January 2019	6 th February 2019	
6 th February 2019	6 th March 2019	
6 th March 2019	3 rd April 2019	
4 th April 2019	30 th April 2019	

INDUCTION AND CHANGE OVER

Induction will be provided onsite on the **Wednesday** of commencing the placement. All Caretakers are required to attend this induction. Site induction will be conducted by appropriate PWS staff member and/or an accredited FOBIQS member

REFEREES

Please provide the details of two people who could comment on your suitability to undertake the type of volunteer activity requested.

Name Contact Details

Name Contact Details

PLEASE ADDRESS EACH OF THE FOLLOWING SELECTION CRITERIA

1. Provide a brief outline of why you would enjoy living in a semi-remote location and any experience you have of a similar nature.
2. Provide evidence of your ability to communicate with the broad range of visitors expected at Quarantine Station
3. Provide evidence of your knowledge of the cultural and natural heritage of the Quarantine station.
4. Describe what practical skills you would be able to apply on site. (Include details of any current trade tickets.)
5. Demonstrate ability to work in a team situation with other volunteers.

LEVEL 2/SENIOR FIRST AID CERTIFICATE

(Desirable but not required)

Do you hold a current First Aid Certificate? YES/NO Expiry Date

If yes, please attach a copy of your current *Workplace level 2 First Aid Certificate or equivalent* with this application.

MEDICAL DISCLOSURE

The Department of Primary Industries, Parks, Water and Environment values the safety and well-being of employees, volunteers and others with whom we have a relationship in our places of work. We aim to minimise the risk of injury and ill-health by providing safe workplaces.

To assist the Department in this regard, applicants selected for the program will be asked to provide information giving details of any medical condition that may impact on their capacity to undertake the duties expected or affect the safety of others. This form must be completed before commencing duties and taken with you to the induction session at the Station. You will not be asked to complete this form if you are unsuccessful in your application.

DISCLAIMER

The Department's Personal Information protection policy ensures management of personal information is in accordance with the *Personal Information Protection Act (2004)*.

Do you consent to the Department using your personal information for the purposes for which it has been provided and for summarised general reporting on volunteering activities?

Yes No (please circle)

By completing this form I agree to be available for an induction session at the Quarantine Station on the day of commencing the placement or at another time arranged.

The Information provided is correct to the best of my knowledge:

Signed 1 _____ Date _____

Signed 2 _____ Date _____

FORWARD COMPLETED APPLICATION by email to:

Secretary FOBIQS – Cindy O’Dea - cinbad62@gmail.com Mobile telephone 0412 174 675

If emailing the application is a problem, please telephone and discuss options.

CLOSING DATE: 5pm, Friday 24th August 2018.

Thank you for your interest. All applications will be acknowledged and applicants advised of the outcome of their application by **7th September 2018** thus providing 6 weeks notice for the initial caretaker(s).