



**Administration**

Larapinta Drive, Alice Springs

**Postal address** PO Box 1120

ALICE SPRINGS NT 0871

**Tel** 08 8951 8788

**Fax** 08 8951 8720

**Email** [asd@nt.gov.au](mailto:asd@nt.gov.au)

**Web** [www.alicespringsdesertpark.com.au](http://www.alicespringsdesertpark.com.au)

## **Volunteers at the Alice Springs Desert Park**

*Please read the following guidelines before completing the Registration Form – Volunteers for the Desert Park.*

### **Duties**

In the Botany Unit, you will work alongside horticulturists and perform a variety of tasks in the following areas: landscaping, nursery or records. The type of work available depends on the projects occurring at the time of year but may include planting, preparing landscapes, weeding, potting up plants, cleaning seed or mapping work.

In the Zoology Unit, you will work alongside Zookeepers and perform a variety of animal husbandry tasks including food preparation, enclosure cleaning, and exhibit maintenance.

In the Guide Unit you will work alongside professional Guides and perform a variety of visitor services tasks including visitor orientation, crowd control and hiring audio guides and shopriders. Depending on your existing knowledge and experience may also have the opportunity to share the fascinating stories of the plants, animals and people of Central Australia.

Park hosting duties include a variety of activities including assisting with the meet and greet of visitors and escorting visitors around the Desert Park.

Please note there is a limit to the number of volunteers the Park is able to take on at any one time so the dates you request may not be available.

### **Insurance**

Volunteers will need to fill in a volunteer registration form on the morning you start which provides insurance cover for you and for the Park. You must be at least 15 years to undertake volunteer work and if you are under 18 years old, you will need to have your parent or guardian sign your volunteer registration form.

### **Clothing and Facilities**

Please wear neat, comfortable clothes that you do not mind getting dirty. Also wear shoes which completely cover your feet and bring along a hat for sun protection.

There is a staff lunchroom with fridge and tea and coffee facilities or there is also a Café on Park for lunch.

### **Getting To and From the Park**

You must make your own arrangements for transport to and from the Park. Staff cannot provide lifts for volunteers.

For further information please contact [administration](mailto:administration).



### Volunteers at the Desert Park - (Registration Form)

I am interested in being involved in the care of the Alice Springs Desert Park.

Botany

Zoology

Guiding

Name..... Date of Birth .....

Street Address .....

Postal Address .....

Telephone ..... Mobile .....

Email .....

Previous experience/skills/qualifications .....

.....

**HEALTH: (FOR INSURANCE PURPOSES THIS SECTION MUST BE COMPLETED)**

Please state your present health condition (including any injuries/illnesses which may affect your capability to carry out work experience)

Name and Address of Next of Kin .....

.....

Telephone ..... Postcode .....

I, ..... (print name) apply carry out work experience at the Alice Springs Desert Park, and I do so in understanding of the following:

- I understand that there is no remuneration associated with work experience and this application does not constitute a contract of employment.
- I understand that the information I provide will only be available to the Alice Springs Desert Park and that it may only be used for its intended purpose. For further information on the Departments' Privacy Statement can be viewed at [www.nrefta.nt.gov.au/copyright/privacy](http://www.nrefta.nt.gov.au/copyright/privacy)
- I agree to perform tasks allocated to me to the best of my ability and to follow the directions and supervision of the Alice Springs Desert Park employee appointed, from time to time, as my supervisor.
- I agree to safeguard the Alice Springs Desert Park property entrusted to me and to protect government information available to me whilst on work experience.
- I am aware that the Department's liability is limited to reasonable medical expenses.
- I am responsible for my personal property, including vehicles, at all times.
- I have provided the Alice Springs Desert Park staff with proof of identity.
- I have provided details of any injury or illness I have, current or previous, which may need to be accommodated.
- I agree to read the 'NTG Code of Conduct' and the 'About Government' booklet, and I will conduct myself appropriately in line with these guidelines. NTG Code of Conduct available at: [www.nt.gov.au/ocpe/publicationsforms/conduct](http://www.nt.gov.au/ocpe/publicationsforms/conduct)
- I agree to read the NT Fleet Driver's handbook and to abide by the guidelines.
- I do/do not hold a current driver's licence.

State..... Number..... Class ..... Expiry Date .....

Signed ..... Dated .....

I, ..... (print name), the guardian of the above person agree to their participation for work experience at the Alice Springs Desert Park.

Dated .....

Period of Participation.....

Signed ..... Date:.....

**This section to be completed if being nominated by a Desert Park staff member**

Nominator .....

Project..... Unit.....

Division: .....

Nominator's Signature ..... Date.....

(Unit Head, Park Manager)

Supervisor.....

(Print here name of the employee responsible for administration and supervision of the work experience student)

Unit Action

- Copy to Work Experience Student
- Copy to Supervisor

**Please return this form to:**

Alice Springs Desert Park  
PO Box 1120, Alice Springs NT 0871  
Fax (08) 8951 8720 or Email [asdp@nt.gov.au](mailto:asdp@nt.gov.au)