

VOLUNTEER REGISTRATION

PERSONAL INFORMATION

Contact Information

First Name:

Surname:

Home phone:

Mobile number:

Email address:

Postal Address:

City:

Post code:

State:

Emergency Contact Information

Name:

Relationship to you:

Contact number:

Medical Details

Do you have any medical conditions that may impact on your ability to volunteer?

Yes

No

If yes, please specify any medical conditions, including injuries, illnesses or allergies that may affect your capacity to volunteer or that we should be aware of, and any medication you carry to address allergies or medical conditions:

Disabilities

Do you identify as a person with a disability?

Yes

No

I have a Companion Card and would like to register a Carer/Support Worker to attend with me.

Yes

No

If yes, Venue Management will contact you soon.

Additional Details

Do you identify as a First Nations person or Torres Strait Islander?

Yes

No

Do you view English as your primary language?

Yes

No

If no, what is your primary language?

Please indicate your age below.

18 – 26

26 - 35

36 - 45

46 - 55

56 - 65

66 - 75

Please note: for insurance purposes, you must be aged between 18 and 75 to volunteer.

VOLUNTEER INFORMATION

Volunteer Positions

Please specify any volunteer roles that interest you from the list below - you can select more than one. Volunteer position descriptions are available from venue management.

- Box office
- Usher
- Xxxxxx
- Xxxxxxx

Skills and Experience

Please let us know any skills or experience you feel may be of benefit in any of the roles from the list below. You can select more than one.

- Administration
- Event management

- Volunteer coordination
- Working with people with disabilities
- Ticketing
- Usher
- Production
- Customer service
- Working with children

Please feel free to provide any further information on your skills and experience:

Certificates, Clearances and Checks

Please indicate if you have any of the following:

- RSA WA (Responsible Service of Alcohol Certificate)
- Current First Aid Certificate
- Police Clearance
- Working With Children Check
- Other

AVAILABILITY

Please indicate times you are available to volunteer from the list below. You are welcome to select as many times and dates as you like.

XXXXXXXXXX

Morning Afternoon Evening

XXXXXXX

Morning Afternoon Evening

Please indicate a maximum number of hours you are available to volunteer on a weekly basis

Please note: we require a minimum commitment of three hours.

Volunteer Briefing Meeting

You will be required to attend a Volunteer Induction on XXXXXXXXX in the reception area of the XXXXX Venue at Xpm. The meeting will also include a tour of the venue.

Will you be able to attend the Volunteer Induction on XXXXXXXXX at Xpm?

Yes

No

If you are unable to attend the Volunteer Briefing Meeting, Venue Management will contact you separately.

OTHER INFORMATION

How did you hear about this volunteer opportunity?

- Website
- Social Media
- Local media
- Word of mouth
- Other

VOLUNTEER AGREEMENT

I register to become a volunteer for XXXXXX Venue for 2015, and in doing so I agree to the following terms and conditions:

- 1) I understand that there is no remuneration associated with volunteer work and this application does not constitute a contract of employment
- 2) I understand that the information I provide will only be available to the venue management and that it may only be used for its intended purpose
- 3) I agree to attend all rostered shifts, as detailed in the schedule supplied to me by Venue Management. If I am unable to attend any particular shift, I will advise my supervisor at least 24 hours prior to my shift, or at the earliest possible opportunity in the case of an emergency.
- 4) I agree to perform tasks allocated to me to the best of my ability and to follow the directions and supervision of venue management.

5) I am responsible for my personal property, including vehicle, at all times and
XXXXXXX Venue will not accept responsibility for any loss, whatsoever
experienced by me

7) I have provided details of any injury or illness I have, current or previous,
which may need to be accommodated

8) I agree that if I fail to follow directions by my Supervisor, my volunteer role
may be terminated immediately.

Signature

Full Name

Date