



Volunteer Application Form

Your Contact Details

Name:

Postal address:

Home phone: Mobile:

Email/s:

Driver's licence No.: Vehicle Registration:

Emergency Contact Details

Name: Relationship:

Phone: Mobile:

Working with Children Check Yes No Sighted Card No.:

** For some roles you may be required to obtain a Working with Children Check*

Medical Conditions

Do you have any medical conditions or disability that could impact on your ability to undertake certain tasks? If so, please detail:

.....

.....

** Note: All medical and personal information will be treated as confidential.*

Permission to use Photographs and Video

I AGREE to allow to take, use and distribute photographs of me, in order to promote volunteering for the organisation.

In order to assist us to match volunteers with areas of need please provide the following details:

Date of birth: Country of birth: Preferred language:

Type of Work Preferred

Please discuss the types of work available in selecting your preferences and then tick the appropriate box/es below.

- Administration
- Maintenance
- Caravan park
- Judging
- Stewarding
- Other (*please specify*):

Availability

Pre show

Friday	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>
Saturday	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>
Sunday	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>

Other times

Please highlight the skills, knowledge and / or experience you bring to this role:

.....
.....

Signed: Date:

Office Use Only	
Date received:.....	Entered into database: <input type="checkbox"/>
Orientation completed: <input type="checkbox"/>	Induction completed: <input type="checkbox"/>