

Volunteer Application Form

PRIVACY STATEMENT

Thank you for applying to become a volunteer! The information you provide on this application will be treated as confidential.

ABOUT YOU

First name: _____ Surname: _____
 Address: _____ Suburb: _____ Postcode: _____
 Email: _____
 Phone: _____ Mobile: _____

Emergency contact: _____ Relationship to you: _____
 Their phone number: _____

What is your primary motivation for volunteering?

What types of volunteer work are you interested in?

<i>Coordination</i>	<i>Office/Admin</i>	<i>Areas of show</i>
<input type="checkbox"/> Management Committee <input type="checkbox"/> Event coordinating <input type="checkbox"/> Fundraising & sponsorship <input type="checkbox"/> Volunteers <input type="checkbox"/> Health and Safety <input type="checkbox"/> Biosecurity <input type="checkbox"/> Entertainment <input type="checkbox"/> Schools/youth participation	<input type="checkbox"/> Administration <input type="checkbox"/> Marketing <input type="checkbox"/> Website <input type="checkbox"/> Social media <input type="checkbox"/> Bookkeeping <input type="checkbox"/> Training	<input type="checkbox"/> Livestock <input type="checkbox"/> Birds <input type="checkbox"/> Dogs <input type="checkbox"/> Horses, show jumping, Farriers & Blacksmiths <input type="checkbox"/> Dairy produce <input type="checkbox"/> Agriculture, Fruit and Veg, Apiculture <input type="checkbox"/> Fruit wines <input type="checkbox"/> Horticulture <input type="checkbox"/> Woodchop & sawing <input type="checkbox"/> Cookery <input type="checkbox"/> Art & craft <input type="checkbox"/> Quilting <input type="checkbox"/> Painting and drawing <input type="checkbox"/> Photography & sculpture <input type="checkbox"/> Bush poetry <input type="checkbox"/> Schoolwork <input type="checkbox"/> Young Judges

Other _____

How would you describe your experience and skill level? (e.g. basic, intermediate, advanced)

What is your availability?

_____ hours per week/month During the show only Other _____

Preferred days: Mon Tues Wed Thurs Fri Sat Sun

AGE GROUP

What is your age group?

- less than 15 yrs
- 15 -17 yrs
- 18 - 24 yrs
- 50-64 yrs
- 65 - 80 yrs
- 80+ yrs

LANGUAGE

What language/s do you speak or write fluently? _____

SUPPORT, HEALTH AND SAFETY

Do you have any disability, physical or mental health issues, injuries or conflicts of interest that may make it difficult for you to fulfil the duties of a volunteer position?

- No
- Yes _____

What support can we provide you with?

AGREEMENT

Please tick each box and sign below. Thank you!

- I will inform my Team Leader if any of my personal details or my availability to volunteer changes.
- I understand that the health and safety of all volunteers and the public, is of the utmost importance and I play an important role in protecting the health and safety of all.
- I will abide by the Code of Conduct. (see attached)

Full name: _____

Signature: _____ Date: _____

REFEREES

Please provide the name and contact numbers of two people who are willing to act as referees for you and who have known you either personally or professionally for at least 12 months.

Name: _____

Contact details: _____

Name: _____

Contact details: _____

PERSON CODUCTING INTERVIEW

Name: _____ Date: _____

References contacted: No Yes _____

Induction completed: Yes Date: _____