

VOLUNTEER WORK APPLICATION FORM

Thank you for being interested in volunteering with the *City of Grafton Eisteddfod Society*. Please answer a few questions to help us match you with an event or task you might enjoy.

YOUR CONTACT	r details			
	T			
TITLE	[] Mr [] Ms [] Mrs [] Miss [] Dr []C	Other:		
FIRST NAME (S)				
FAMILY NAME				
POSTAL ADDRESS				
TOWN		POSTCODE:		
PHONE	Business Hours:			
	After Hours :			
	Mobile :			
EMAIL				
HOW DID YOU	FIND US?			
How did you find out about the City of Grafton Eisteddfod Society? (tick one or more) From a member or volunteer The website Going to an Eisteddfod Eisteddfod event advertising / newspaper Other (specify):				
YOUR AREAS C)F INTEREST			
☐ Help☐ Work ☐ Fund What type of work a ☐ Dealing wit ☐ Office / add ☐ Working w	ministration / organising			
 □ Accompanist Are there any particular skills you would like to use when volunteering with us? □ No 				
□ Ves Isnec	if _V)·			

Music - Piano	What Eisteddfod events are	you most interested	d in? <i>(tick one</i>	e or more)	
If you worked at an Eisteddfod event, what job would you be most interested in? (tick one or more) Admission	Music - Piano	☐ Music - Instru	umental 🗆	Music – Singing	□ Schools
Admission (Selling ticket and programs at the door) Back table (Registration of entrants, taking music/text, recording results) Chairperson (Announcing each sections and each entrant) Penciller (Helping the Adjudicator) Canteen (Making or selling refreshments) None (I want to do other types of work to help out) YOUR AVAILABILITY TO HELP US What day/s are you usually available? (tick one or more) Wonday Tuesday Thursday Saturday Sunday All What time of day would you mostly likely be available to help? (tick one or more) Mornings Afternoons Evenings Any time What length of time are you thinking of volunteering for? One-off (at an annual Eisteddfod event) Occasional - short term (3-6 months) Occasional - longer term (1 year or more) Emergencies – if someone is off sick Don't know yet If you volunteer with us you can stop at any time, and perhaps start again later if your time permits. YOUR SPECIAL NEEDS Do you have any health issues, restrictions or special needs that we should be aware of and take into account if you were volunteering with us? No	Dance	☐ Speech / Dra	ma 🗆	Battle of the Bands	
What day/s are you usually available? (tick one or more) Monday	 □ Admission (Selling ticket and programs at the door) □ Back table (Registration of entrants, taking music/text, recording results) □ Chairperson (Announcing each sections and each entrant) □ Penciller (Helping the Adjudicator) □ Canteen (Making or selling refreshments) 				
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SPECIAL CONDITIONS

We want all our entrants to have a positive experience – one that is encouraging, friendly and safe. Many of our entrant are children or under the age of 25, and deserve our special care.

The Government requires all volunteers working with children to have a *Working With Children Check*. This involves a national criminal history check, and looking at findings of any misconduct or assault involving children. This check is free for all volunteers. Some volunteering jobs will also require a police check.

REFERENCES

Name:

Please provide details of two (2) referees from whom we can get confidential reports. Referees must be known to you through current or previous paid or voluntary employment, or through sporting and community groups. They cannot be family members or social friends. Please tell your referees that they will be contacted. Applications will not be accepted without referee details or with inappropriate referees.

How do you know them?			
Length of time known:			
Contact phone number:			
Name:			
How do you know them?			
Length of time known:			
Contact phone number:			
DECLARATION			
	now you understand and agree.		
	nformation contained in this application is true and correct.		
	Il the information provided above is confidential and available only to the		
• •	ofton Eisteddfod Society staff.		
•	outting in this application form does not automatically register me a		
	there is a selection process, including completion of checks.		
I understand that I	will be required to complete a Working With Children Check.		
I agree that the Soc	☐ I agree that the Society may do a reference and background check (including a Police Check		
if needed).			
☐ I agree that any inf	ormation I learn as a volunteer will not be disclosed in any way to any		
	ty of Grafton Eisteddfod Society during my time as a volunteer or any time		
afterwards.	, , , , , , , , , , , , , , , , , , , ,		
	conable care for my own safety and health when doing volunteer work,		
-	ne instructions/supervision of the City of Grafton Eisteddfod Society.		
•			
, , ,	and only of a special contract of a contract of the contract o		
does not become a	contract of employment or an Agency Agreement.		
Signature	Date		
The many and informati	ided in this decrease is protected under the Drivery and Decreased Information		

The personal information provided in this document is protected under the *Privacy and Personal Information Protection Act 1998*. The *City of Grafton Eisteddfod Society* must not disclose your personal information to any person or body if it is not directly related to the purpose for which the information was collected. If you have a complaint or require further information about the collection and use of personal information please contact Society's Secretary.

OFFICE USE ONLY				
☐ References checked	Date:/			
Working with Children Check donePolice check done	Date:/			
□ Volunteer application accepted [] Yes [] No Date:/_ If "No", specify reason:				
□ Details entered in Volunteer Register	Date:/			