



**AROMA
FESTIVAL
12 - 13 AUGUST
2017**



mantland events
city council

Volunteer Application Form



APPLICANTS DETAILS

Persons must be aged **14 and 9 months or older** to be eligible to apply.

NAME:

DATE OF BIRTH:

POSTAL ADDRESS:

TOWN/CITY: _____

POSTCODE: _____

PHONE: _____

MOBILE: _____

EMAIL ADDRESS:

PLEASE LIST THE SERVICE CLUB THAT YOU ARE VOLUNTEERING ON BEHALF OF (IF APPLICABLE):

VOLUNTEERING DETAILS

HAVE YOU VOLUNTEERED FOR AROMA PREVIOUSLY? Yes / No

DO YOU HAVE A MAITLAND EVENTS VOLUNTEER SHIRT? Yes / No

IF NO PLEASE PROVIDE SHIRT SIZE FOR THE MAITLAND EVENTS UNIFORM.

(Please circle)

S M L XL 2XL 3XL 4XL 5XL

DO YOU HAVE A CURRENT CERTIFICATE IN EITHER (IF YES, PLEASE SEND IN A COPY WITH THIS FORM):

- RSA
- First Aid
- Working with Children Check

DO YOU HAVE ANY MEDICAL CONDITION THAT WE SHOULD BE AWARE OF? Yes / No
If yes, please detail

FIRST TIME VOLUNTEERS

Following is a series of questions we would like you to complete. If you don't have experience in any of these areas please continue to submit your application as we use this as a guide only to place volunteers in the most appropriate positions.

FESTIVAL/EVENT EXPERIENCE: Yes / No
If yes, please detail _____

CUSTOMER SERVICE EXPERIENCE: Yes / No
If yes, please detail _____

CASH HANDLING EXPERIENCE: Yes / No
If yes, please detail _____

SALES EXPERIENCE: Yes / No
If yes, please detail _____

PLEASE LIST ANY OTHER SKILLS THAT YOU MAY HAVE THAT COULD BE OF USE FOR AROMA.

PLEASE SUPPLY TWO PERSONAL REFEREES.

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____

PLEASE SUPPLY DETAILS OF AN EMERGENCY CONTACT

NAME: _____

PHONE: _____

MOBILE: _____

ROLES AVAILABLE

Please tick your preferred role/s. Every attempt will be made to suit your request however depending on the number of volunteers we may need to allocate people across a number of roles during their volunteer hours.

- General Assistant / Where Required
- Information Tent / Volunteer Area
- Site Crew (some lifting)
- Chocolate / Coffee Demo Assistant
- Kid's Activity Assistant
- Milk and Ice Monitor
- Pre Event Administration
- Bump In Assistant (Friday 11 August)
- Bump Out Assistant (Monday 14 August)

AVAILABILITY

Please tick all appropriate boxes.

Friday 11 August am pm all

Saturday 12 August am pm all

Sunday 13 August am pm all

Monday 14 August am pm all

COMMENTS:

PRIVACY AND PERSONAL INFORMATION NOTICE

PURPOSE OF COLLECTION

To determine appropriate work and safety environments to perform a volunteer function.

INTENDED RECIPIENTS

Council staff and Council's authorised agents.

SUPPLY

Information is supplied on a voluntary basis.

CONSEQUENCE OF NON PROVISION

A consequence of non-provision may result in ineligibility for the volunteer program.

STORAGE

Council will take all reasonable steps to protect the personal information it holds from misuse, unauthorised access and modification.

RETENTION PERIOD

Council will retain your personal information for a period that is in accordance with the State Records general Disposal Authority.10 (GDA10).



VOLUNTEERING CONDITIONS

I agree to act as a volunteer on behalf of Maitland City Council. I understand that if I am accepted as a volunteer I will be required to attend a compulsory Volunteer Induction Training Session where I will receive the Festival Volunteer Manual and that I will be required to comply with all conditions outlined in the Training / Manual. I understand that upon receipt of the Training / Manual if I am unable or unwilling to comply with all conditions that I can choose to withdraw my application.

Personal information obtained from volunteers by Council is governed by the Privacy and Personal Information Protection Act 1998 (PPIPA).

This legislation provides direction for the collection, protection, storage, disposal, access and use of personal information by Council.

If you are volunteering to work with the elderly, people with disability, youth and/or children, you may be required to consent to Council undertaking a criminal record check. Are you willing to give permission to undertake the check?

YES / NO

SIGNATURE: _____ **DATE:** _____

If you are under the age of 18 years you must have a parent or guardian sign the application form below to advise that they are aware of your application to volunteer with Maitland City Council:

SIGNATURE OF PARENT/GUARDIAN: _____

PRINT NAME: _____ **DATE:** _____

*Do you have your RSA &/or first aid certificate? If yes, please provide copies with this application.

PLEASE RETURN COMPLETED FORM TO:

Maitland Events

PO Box 220, Maitland NSW 2320

f 02 4936 6483 **e** events@maitland.nsw.gov.au

t 02 4931 2801 (for more information)

OFFICE USE ONLY

ENTERED IN DATABASE: _____

INITIALS OF INPUT OFFICER: _____

LETTER SENT: _____