

# BITTER & TWISTED









**VOLUNTEER APPLICATION FORM** 

# **APPLICANT DETAILS**

Persons must be aged **18 years or older** to be eligible to apply.

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):
<b>VOLUNTEERING DETAILS</b>
HAVE YOU VOLUNTEERED FOR BITTER AND TWISTED PREVIOUSLY? Yes / No
DO YOU HAVE A MAITLAND EVENTS VOLUNTEER SHIRT? Yes / No
IF NO, PLEASE PROVIDE (CIRCLE) YOUR SHIRT SIZE.
S M L XL 2XL 3XL 4XL 5XL
DO YOU HAVE A CURRENT
CERTIFICATE IN ANY OF THE FOLLOWING? (IF YES, PLEASE PROVIDE
COPIES WITH YOUR 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

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Please be aware that no previous experience is required. The following questions are used as a guide for the events team to place volunteers in the most appropriate roles.

**FESTIVAL/EVENT EXPERIENCE:** Yes / No If yes, please detail \_\_\_\_\_

**CUSTOMER SERVICE EXPERIENCE:** Yes / No If yes, please detail \_\_\_\_\_

CASH HANDLING EXPERIENCE: Yes / No f 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 BITTER AND TWISTED.

PLEASE SUPPLY TWO PERSONAL REFEREES.

NAME: \_\_\_\_\_\_PHONE:

NAME: \_\_\_\_\_

PHONE:

### PLEASE SUPPLY DETAILS OF AN **PRIVACY AND PERSONAL EMERGENCY CONTACT** INFORMATION NOTICE NAME: \_\_\_\_\_ **PURPOSE OF COLLECTION** To determine appropriate work and safety PHONE: environments to perform a volunteer MOBILE: function INTENDED RECIPIENTS **ROLES AVAILABLE** Council staff and Council's authorised agents. Please tick your preferred role/s. Every **SUPPLY** attempt will be made to suit your request Information is supplied on a voluntary basis. however depending on the number **CONSEQUENCE OF NON PROVISION** of volunteers we may need to allocate people across a number of roles during A consequence of non-provision may result in ineligibility for the volunteer program. their volunteer hours. ☐ Admin/Office Assistant Pre-event **STORAGE** Council will take all reasonable steps to ☐ Bump In Assistant (some heavy lifting) protect the personal information it holds ☐ General/Roving/Wherever you need from misuse, unauthorised access and ☐ Event Ticketing ☐ Entry Processing modification ☐ Token Sales RETENTION PERIOD ☐ Merchandise Tent Council will retain your personal ☐ Master Class Assistant (RSA required) information for a period that is in ☐ Food & Beer Matching Lunch Assistant accordance with the State Records (RSA required) General Disposal Authority.10 (GDA10). ☐ Roving Ice Monitor (RSA required) ☐ VIP Area (RSA required) ☐ Meet the Brewer (RSA required) ☐ Bottle Shop Assistant (RSA required) ☐ Admin/Office Assistant Post-event ☐ Bump Out Assistant (some heavy lifting) **AVAILABILITY** Please tick all appropriate boxes. Friday 3 November □ am □ pm □ all Saturday 4 November □ am □ pm □ all Sunday 5 November ☐ am ☐ pm ☐ all Monday 6 November □ am □ pm □ all **COMMENTS:**

## **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:
SIGNATURE.	DATE.



### 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)