



maitland events
city council

Volunteer Application Form



APPLICANT DETAILS

Persons must be aged 14 years 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 MAITLAND EVENTS 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

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

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

If yes, please detail _____

SALES EXPERIENCE: Yes / No

If yes, please detail _____



PLEASE SUPPLY DETAILS OF AN EMERGENCY CONTACT

NAME: _____

CONTACT NUMBER: _____

AVAILABILITY

Please tick all appropriate boxes.

RIVERLIGHTS

Saturday 10 February am pm all

TASTE

Saturday 10 March am pm all

Sunday 11 March am pm all

STEAMFEST

Saturday 14 April am pm all

Sunday 15 April am pm all

AROMA

Saturday 11 August am pm all

Sunday 12 August am pm all

RIVERLIGHTS

Saturday 13 October am pm all

BITTER & TWISTED

Saturday 3 November am pm all

Sunday 4 November am pm all

NEW YEARS EVE 2018

Monday 31 December am pm all

AUSTRALIA DAY 2019

Saturday 26 January am pm all

A Maitland Events staff member will contact you closer to each event to confirm details.

Some shifts are available pre and post event, please let the staff member know if you are interested in assisting with these shifts.

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 (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:** _____

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)