







2020



Volunteer Application Form



APPLICANT DETAILS Persons must be aged 14 years and 9 months or older to be eligible to apply. NAME:	DO YOU HAVE A CURRENT CERTIFICATE IN ANY OF THE FOLLOWING? (IF YES, PLEASE PROVIDE COPIES WITH YOUR FORM): RSA Working with children check
DATE OF BIRTH:	DO YOU HAVE ANY MEDICAL CONDITION THAT WE SHOULD BE
POSTAL ADDRESS:	AWARE OF? Yes / No If yes, please detail
FOWN/CITY:	
POSTCODE:	
PHONE:	
MOBILE:	FIRST TIME VOLUNTEERS
PLEASE ADVISE YOUR PREFERRED CONTACT METHOD (CIRCLE ONE): Email Phone call Text Letter	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
PLEASE LIST THE SERVICE CLUB THAT YOU ARE VOLUNTEERING ON BEHALF	If yes, please detail
VOLUNTEERING DETAILS	CUSTOMER SERVICE EXPERIENCE: Yes / No If yes, please detail
HAVE YOU VOLUNTEERED FOR MAITLAND EVENTS PREVIOUSLY? Yes / No	CASH HANDLING EXPERIENCE: Yes / No If yes, please detail
OO YOU HAVE A MAITLAND EVENTS VOLUNTEER SHIRT? Yes / No F NO, PLEASE PROVIDE (CIRCLE) YOUR SHIRT SIZE.	SALES EXPERIENCE: Yes / No If yes, please detail
5 M L XL 2XL 3XL 4XL 5XL	PLEASE SUPPLY DETAILS OF AN

DO YOU HAVE A MAITLAND EVENTS VOLUNTEER BUCKET HAT? Yes / No

PLEASE SUPPLY DETAILS OF AN EMERGENCY CONTACT

NAME:

CONTACT NUMBER:

AVAILABILITY Please tick all appropriate boxes. **AUSTRALIA DAY CELEBRATIONS** Sunday 26 January □ am □ pm □ all **NRL TRIAL MATCH** Saturday 22 February □ am □ pm □ all **MAITLAND TASTE** Saturday 14 March □ am □ pm □ all Sunday 15 March □ am □ pm □ all **HUNTER VALLEY STEAMFEST** Saturday 18 April □ am □ pm □ all Sunday 19 April □ am □ pm □ all **MAITLAND AROMA** Saturday 8 August ☐ am ☐ pm ☐ all Sunday 9 August ☐ am ☐ pm ☐ all **RIVERLIGHTS MULTICULTURAL FESTIVAL** Saturday 10 October ☐ am ☐ pm ☐ all **BITTER & TWISTED BOUTIOUE BEER FESTIVAL** Saturday 7 November □ am □ pm □ all Sunday 8 November □ am □ pm □ all **NEW YEAR'S EVE** Thursday 31 December □ am □ pm □ all A Maitland Events staff member will contact vou 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?

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:DA	ГЕ:	

PLEASE RETURN COMPLETED FORM TO:

Maitland Events

YES / NO

PO Box 220, Maitland NSW 2320

f 02 4936 6483 | **e** events@maitland.nsw.gov.au | **t** 02 4931 2801 (for more information)