







2024



VOLUNTEER APPLICATION FORM



APPLICANT DETAILS DO YOU HAVE A MAITLAND EVENTS **VOLUNTEER BUCKET HAT?** Yes / No. Persons must be aged 14 years and 9 DO YOU HAVE A CURRENT CERTIFICATE months or older to be eligible to apply. IN ANY OF THE FOLLOWING? (PROVIDE NAME: **COPIES WITH YOUR FORM):** ☐ RSA ☐ Working with children check DATE OF BIRTH: DO YOU HAVE ANY MEDICAL **POSTAL ADDRESS:** CONDITION/S THAT WE SHOULD BE AWARE OF? Yes / No. Please detail TOWN/CITY: POSTCODE: PHONE: _____ MOBILE: FIRST TIME VOLUNTEERS **EMAIL ADDRESS:** Please be aware that no previous experience is required. The following PREFERRED CONTACT METHOD: questions are used as a guide for the events team to place volunteers in the Fmail Phone call Text Letter most appropriate roles based on their IF APPLICABLE, LIST THE SERVICE CLUB previous experience. THAT YOU ARE VOLUNTEERING ON FESTIVAL/EVENT: Yes / No. **BEHALF OF:** Please detail _____ **EMERGENCY CONTACT** NAME: **CUSTOMER SERVICE: Yes / No.** Please detail _____ CONTACT NUMBER: **VOLUNTEERING DETAILS** HAVE YOU VOLUNTEERED FOR CASH HANDLING: Yes / No. MAITLAND EVENTS PREVIOUSLY? Yes / No. Please detail DO YOU HAVE A MAITLAND EVENTS **VOLUNTEER SHIRT?** Yes / No. IF NO, CIRCLE YOUR SHIRT SIZE. SALES: Yes / No. Please detail _____ M I XI 2XI 3XI 4XI 5XI

AVAILABILITY

Please tick all appropriate boxes.

HUNTER VALLEY STEAMFEST

Saturday 13 April - □ am □ pm □ all Sunday 14 April - □ am □ pm □ all

MAITLAND TASTE

Friday 17 May - □ am □ pm □ all
Saturday 18 May - □ am □ pm □ all
Sunday 19 May - □ am □ pm □ all

MAITLAND AROMA

Saturday 10 August - □ am □ pm □ all Sunday 11 August - □ am □ pm □ all

MAITLAND RIVERLIGHTS

Saturday 12 October - □ am □ pm □ all

BITTER & TWISTED

Saturday 2 November - □ am □ pm □ all Sunday 3 November - □ am □ pm □ all

NEW YEARS EVE

Tuesday 31 December - □am □pm □all

OTHER ACTIVITIES

Ongoing dates - □ am □ pm □ all

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

Shifts may be available pre and post event, if you are interested, please let the staff member know.

Event information provided may be subject to change.



PRIVACY AND PERSONAL INFORMATION

Council is committed to privacy protection and complies with the Privacy and Personal Information Protection Act 1998 and Government Information Public Access Act 2009.

The Maitland City Council Privacy Management Plan can be found online at: https://www.maitland.nsw.gov.au/ document/privacy-management-plan-0

The personal information collected on this form will be used to provide contact information and determine appropriate work and safety environments to perform volunteer functions. The intended recipients are Maitland City Council Events team or other Maitland City Council staff and their contractors as required.

The supply of this information is voluntary, though Council will be unable to accept the application without it.



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:
	you must have a parent or guardian sign the It they are aware of your application to volunteer
SIGNATURE OF PARENT/GUARDIA	AN:
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)