



Sunshine Coast Agricultural Show VOLUNTEER APPLICATION & WORKERS PASS

PRIVACY STATEMENT: Thank you for applying to become a volunteer. The information you provide on this application will be treated as confidential.

ABOUT YOU:

First Name: _____ Last Name: _____

Email Address: _____

Mobile Number: _____ Date of Birth: _____

Address: _____

If under 18: Parent/Guardian Signed Consent: (signature) _____

Relationship to Volunteer: Parent / Guardian / Other (please advise) _____

EMERGENCY CONTACT DETAILS

Name of person to contact in an emergency: _____

Contact Number: _____ Relationship: _____

What is your primary motivation for volunteering?

What types of volunteer work are you interested in?

Coordination	Office/Admin	Areas of Show
<input type="checkbox"/> Management Committee <input type="checkbox"/> Event coordinating <input type="checkbox"/> Fundraising & sponsorship <input type="checkbox"/> Volunteers <input type="checkbox"/> Health & Safety <input type="checkbox"/> Biosecurity <input type="checkbox"/> Entertainment <input type="checkbox"/> Schools/youth participation	<input type="checkbox"/> Administration <input type="checkbox"/> Marketing <input type="checkbox"/> Website <input type="checkbox"/> Social media <input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Horse Events – Hacks <input type="checkbox"/> Show Jumping <input type="checkbox"/> Dairy Cattle <input type="checkbox"/> Stud Cattle <input type="checkbox"/> Poultry <input type="checkbox"/> Art <input type="checkbox"/> Table Fruit & Vegetables <input type="checkbox"/> Dairy Goats <input type="checkbox"/> Kidscraft <input type="checkbox"/> Floriculture <input type="checkbox"/> Handcrafts <input type="checkbox"/> Cookery, Sweets & Preserves <input type="checkbox"/> Apiculture <input type="checkbox"/> Photography <input type="checkbox"/> Woodchopping

Other:

How would you describe your experience and skill level? (e.g. basic, intermediate, advanced)

What is your availability?

<input type="checkbox"/> _____ hrs per week/month	<input type="checkbox"/> During the Show only	<input type="checkbox"/> Other _____
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Preferred days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Age Group:

What is your age group?

less than 15 yrs 15 – 17 yrs 18 – 24 yrs 24 – 50 yrs 51 – 64 yrs 65 – 79 yrs 80+ yrs

Language:

What language/s do you speak or write fluently? _____

SUPPORT, HEALTH & SAFETY

Do you have any disability, physical or mental health issues, injuries or conflicts of interest that may make it difficult for you to fulfil the duties of a volunteer position?

No Yes _____

What support can we provide to you with?

AGREEMENT

Please tick each box and sign below. Thank you.

- I will inform my Team Leader if any of my personal details or my availability to volunteer changes.
- I understand that the health and safety of all volunteers and the public is of the utmost importance and I play an important role in protecting the health and safety of all.
- I will abide by the Code of Conduct (attached)

Full Name: _____

Signature: _____ Date: _____

REFEREES

Please provide the name and contact numbers of two people who are willing to act as referees for you and who have known you either personally or professionally for at least 12 months. (Not a Relative)

Name: _____

Contact Details: _____

Name: _____

Contact Details: _____

OFFICE USE ONLY:

PERSON CONDUCTING INTERVIEW:

Name: _____ Date: _____

References contacted: No Yes _____

Induction completed Yes Date: _____

Confidentiality Agreement Signed if Required _____