



NOOSA COUNTRY SHOW

www.noosashowsociety.org.au
PO Box 260, Pomona QLD 4568
ABN 61 579 630 926



VOLUNTEER CONTACT FORM

The Society is grateful for your interest in becoming a Volunteer of the Noosa A.H. & I Society (Noosa Show Society). Please provide information requested and take the time to read the entire document.

Personal Information

Please provide accurate information in all sections. Personal information held confidentially by The Noosa A.H. & I Society Inc.

PERSONAL INFORMATION

Please underline the first name that you prefer to use.

First Name: Surname:

Postal Address:

..... Postcode:

Residential Address (different from above):

..... Postcode:

Telephone (day): Mobile:

Email:

Emergency contact:

Relationship to you:

Emergency contact phone number:

Blue Card YES / NO (circle) **First Aid** YES / NO (circle) **RSA** YES / NO (circle) **Food Handler** YES / NO (circle)

Other

GENERAL INFORMATION

Volunteer position/area interested in:

1) Which Show day/s available to volunteer? Friday or Saturday (please circle)

2) Set Up Day (Wednesday/Thursday) & Pack Up Day (Sunday)?

3) What hours are you available for?

4) What skills can you offer to assist with Volunteering?

5) Have you previously done any volunteering?

If yes what did you enjoy about it?

6) Do you prefer working as part of a group or independently?.....

MEDICAL HISTORY

Is there any medical condition that needs to be known? Yes / No (please circle)

Robert Graham
President
Mobile: 0408 708 205
president@noosashowsociety.org.au

Cameron Magick
Vice President
Mobile: 0409 851 850
vicepresident@noosashowsociety.org.au

Catherine Magick
Treasurer
Mobile: 0429 851 850
treasurer@noosashowsociety.org.au

Carole Clancy
Administration Officer
Mobile: 0437 965 508
administrationofficer@noosashowsociety.org.au

If yes please give a brief detail
.....
Does this condition affect concentration or your ability to work? Yes / No (please circle)
If yes please give a brief detail
.....

WHAT THE VOLUNTEER CAN EXPECT

The Noosa A.H. & I Society values its Volunteers and endeavours to provide the Volunteer with;

- Induction, orientation and any training necessary for the Volunteer's role.
- Safe environment to perform the Volunteer's role.
- The provision of suitable tools and equipment by the Society for the Volunteer's role.
- Society contact person, so that the Volunteer has the opportunity to ask questions and receive feedback and support.
- Reimbursement for the Volunteer's reasonable expenses associated with the Volunteer's role so that the Volunteer is not financially disadvantaged as a result of completing the volunteer role.
- Insurance to cover the tasks undertaken by the Volunteer under this Agreement.

THE ORGANISATION'S EXPECTATIONS

The Noosa A.H. & I Society requests that the Volunteer:

- Supports the Society with its aims and objectives.
- Participates in all relevant induction and training.
- Understands and complies with the Societies policies and procedures with regards to equal opportunities, bullying and harassment, health and safety, and confidentiality.
- Behaves appropriately and courteously to Noosa Show Society staff, clients, customers, service users and the public, with whom the Volunteer interacts with in the course of the Volunteer's role.
- Uses any Society property or equipment provided to the Volunteer for the purpose of the task designated to the Volunteer and return to the Society after task is completed.
- Is honest in the Volunteer's dealings with the Noosa Show Society.

CONFIDENTIALITY

The Volunteer acknowledges that during the course of their engagement under this Agreement that the Volunteer may have access to Confidential Information belonging to the Noosa A.H. & I Society Inc.

- The Volunteer agrees that not at any time during (except in the proper course of carrying out the Volunteer's role) or after this Agreement has ended, whether directly or indirectly disclose to a third party or make use of any Confidential Information.

DECLARATION

I declare that to the best of my knowledge the answers to the questions in this application are correct. I understand that if any false information is given, or any material fact suppressed, I may not be accepted as a volunteer. I also understand that any false or misleading medical information provided on this form may result in my loss of entitlement for any compensation.

Name:

Signature: Date:

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