

# Volunteer Registration Form

**Privacy Statement:** The personal information requested on this form is being collected by the Wangaratta Festival of Jazz Inc. ('the Festival') in order to process your application. The personal information will be used solely by the Festival for that primary purpose. The applicant understands that he or she may apply to the Festival Council for access to and/or amendment of the information. Requests for access and/or correction should be made to the Festival Manager.

VOLUNTEER DETAILS			
<b>Name:</b>	<b>Date of Birth:</b> __/__/__	<b>Email:</b>	
<b>Address:</b>		<b>Town/City:</b>	<b>State:</b> <b>Post Code:</b>
<b>Preferred Contact Number:</b>		<b>Alternative Number:</b>	<b>T-Shirt Size:</b> S   M   L   XL   XXL   XXXL

EMERGENCY CONTACT DETAILS			
<b>Contact 1:</b>	<b>Relationship:</b>	<b>Home Phone:</b>	<b>Mobile:</b>

AVAILABILITY							QUALIFICATIONS/LICENCES HELD
<b>NOTE:</b> Shift start and finish times will vary. Shifts are usually 4 hours.							Please include <b>ALL</b> relevant information to help us best utilise your skills.
(tick appropriate boxes)	<b>MORNING</b>	<b>MIDDAY</b>	<b>AFTER NOON</b>	<b>EVENING</b>	<b>ALL</b>	<b>VENUE PREFERENCE</b>	
<b>Thursday, 2 November</b>							
<b>Friday, 3 November</b>							
<b>Saturday, 4 November</b>							
<b>Sunday, 5 November</b>							
<b>Previous Areas Volunteered (circle)</b>	WPAC	Blues	Ford Street	Bus	Box Office	Cathedral	<i>Other: (Please list)</i>

WHAT ARE YOUR REASONS FOR VOLUNTEERING?	MEDICAL CONDITIONS

**Key Dates:**

- **Vol Registrations Close**    **16<sup>th</sup> October 2017**
- **Information Night**            **18<sup>th</sup> October 2017**
- **Festival Dates**                **3<sup>rd</sup> /4<sup>th</sup>/5<sup>th</sup> November 2017**

**Duty of Disclosure:** We are committed to providing a safe working environment for all volunteers and to ensure you are given tasks that you are able to complete without risk to your health and safety. By signing this form and agreeing to act as a volunteer, we ask that you disclose details of any medical conditions or disorder that may affect:

your ability to perform volunteer work;                       your safety; and/or                       the safety of others.

Please also specify any facilities you may need.

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**Insurance, Acceptance of Risk and Disclaimer:** The Festival also recognises a moral and legal responsibility to provide a safe and healthy work environment for volunteers, artists, employees and patrons. We will ensure that our operations do not place the local community at risk of injury, illness or property damage therefore ensuring compliance with the *Occupational Health and Safety Act 2004*. Volunteers of the Festival are covered by the Festival's insurance policy during their rostered times once they have reported to the Venue Manager.

By signing this form, you are agreeing to comply with the relevant policies and regulations as issued by the Festival, and provided in the Festival Volunteer Manual. The Festival can accept no responsibility for unknown consequences that may result from your role as a volunteer.

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Signature of Parent/Guardian** (if under 18 y/o)

**Date:** \_\_\_\_/\_\_\_\_/2017

**Date:** \_\_\_\_/\_\_\_\_/2017

**Deliver in person to:** Linda Phillis, VMP/Volunteer Skillsbank Coordinator, The Centre, Chisolm Street, Wangaratta

**Mail to:** Chisholm Street, Wangaratta VIC 3677 **Email:** [Linda.Phillis@thecentre.vic.edu.au](mailto:Linda.Phillis@thecentre.vic.edu.au) **PH: 03 57210256**