

2019 Rockhampton Agricultural Show Volunteer Application Form



Privacy Notice: Council deals with your personal information in accordance with law including the *Information Privacy Act 2009*.

This form is to be completed when applying to volunteer for the 2019 Rockhampton Agricultural Show. Submitting this form does not guarantee a volunteering position. Applicants will be required to attend a face to face-interview. Refer to the Volunteer Policy and Procedure for further information.

P: 07 4932 9000 | **E:** show@rrc.qld.gov.au | **W:** www.rockyshow.com.au | PO Box 1860 Rockhampton QLD 4700 | **ABN:** 59 923 523 766

In mid-June, Rockhampton holds its annual Agricultural Show located at the Rockhampton Showgrounds. If you have an interest in arts, events, agriculture, horticulture and/or photography, we'd love for you to join our team. We are looking for volunteers to assist as ushers, liaisons, information booth attendants, date attendants, administration assistants and everything in-between. Please find further information at www.rockyshow.com.au.

Applicant Details		
Applicant name:		
First	Middle	Last
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify):		
Date of birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Residential address:		
Street number and name	City	State Postcode
Postal address (if different):		
Preferred contact number:	Email:	
Previous Volunteer Work		
Year:	Description of tasks:	
Experience <small>(please list the relevant licences/skills/experience held by the applicant in relation to the proposed volunteer work to be undertaken)</small>		
Trade or qualifications:		
Language/s other than English spoken:		
Drivers licence – car	Type/number:	Expiry date:
Drivers licence – bus	Type/number:	Expiry date:
Drivers licence – truck	Type/number:	Expiry date:

Experience continued

Positive notice blue card for child related employment	Type/number:	Expiry date:
White card (construction)	Type/number:	Expiry date:
Responsible service for alcohol	Type/number:	Expiry date:
Justice of the peace or commissioner for declarations	Type/number:	Expiry date:
First aid certificate	Type/number:	Expiry date:
CPR certificate	Type/number:	Expiry date:
Other licences	Type/number:	Expiry date:

Preferred Volunteer Work (please indicate if you have a volunteering location/task preference)

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Availability (approximate volunteering availability)

Week commencing 20 May 2019	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Week commencing 27 May 2019	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Week commencing 3 June 2019	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Monday 10 June 2019	Start time:	<input type="checkbox"/> am / <input type="checkbox"/> pm	Finish time:	<input type="checkbox"/> am / <input type="checkbox"/> pm			
Tuesday 11 June 2019	Start time:	<input type="checkbox"/> am / <input type="checkbox"/> pm	Finish time:	<input type="checkbox"/> am / <input type="checkbox"/> pm			
Wednesday 12 June 2019	Start time:	<input type="checkbox"/> am / <input type="checkbox"/> pm	Finish time:	<input type="checkbox"/> am / <input type="checkbox"/> pm			
Thursday 13 June 2019	Start time:	<input type="checkbox"/> am / <input type="checkbox"/> pm	Finish time:	<input type="checkbox"/> am / <input type="checkbox"/> pm			
Friday 14 June 2019	Start time:	<input type="checkbox"/> am / <input type="checkbox"/> pm	Finish time:	<input type="checkbox"/> am / <input type="checkbox"/> pm			
Saturday 15 June 2019	Start time:	<input type="checkbox"/> am / <input type="checkbox"/> pm	Finish time:	<input type="checkbox"/> am / <input type="checkbox"/> pm			
Sunday 16 June 2019	Start time:	<input type="checkbox"/> am / <input type="checkbox"/> pm	Finish time:	<input type="checkbox"/> am / <input type="checkbox"/> pm			
Week commencing 17 June 2019	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun

Emergency Details

Emergency Contact One

Contact name:

First

Middle

Last

Residential address:

Street number and name

City

State

Postcode

Preferred contact number:

Alternative contact number:

Emergency Contact Two

Contact name:

First

Middle

Last

Residential address:

Street number and name

City

State

Postcode

Preferred contact number:

Alternative contact number:

Medical Details *(some positions require that your supervisor has evidence of your physical capacity to undertake certain jobs e.g. driving vehicles, lifting items, electrical testing and tagging)*

Are you physically able to undertake the nominated tasks?

Yes

No

If no, please provide details:

Do you have any conditions which may impact your role as a volunteer that Council should be made aware of?

Yes

No

If yes, please provide details:

Medical Practitioner

Doctor's name:

Contact number:

Address:

Street number and name

City

State

Postcode

Supporting Documentation

Please remember to provide the following supporting documentation when submitting this form:

- Resume or curriculum vitae *(optional)*
- Certificates for relevant licences/skills/experience
- Other *(please specify):*

Declaration

I submit this form with the relevant supporting documentation as required. I declare that the details are correct to the best of my ability and acknowledge that I will adhere to the below conditions.

- I agree to the Rockhampton Agricultural Show Committee conducting probity checks (where appropriate).
- I agree to work under the guidance and supervision of the Rockhampton Agricultural Show Committee.
- I agree to contact a member of the Rockhampton Agricultural Show Committee if I wish to vary the nature of work specified in this application, or if I experience any problems with the work I am undertaking.
- I understand that as a volunteer I have the same responsibilities as an employee of Council to comply with the Code of Conduct, relevant policies and legislative obligations of Council particularly in respect to workplace health and safety, discrimination, bullying, confidentiality and organisational discipline.
- I understand that I am volunteering my services to Council and will not receive remuneration for my services, and that I will inform the Rockhampton Agricultural Show Committee when I no longer wish to be considered for further volunteering activities.
- I understand that Council may terminate my volunteering services if I do not comply with any aspect of this agreement.
- I agree to inform the Rockhampton Agricultural Show Committee of any injuries sustained whilst undertaking volunteering activities.
- I give permission for my photograph to be taken and reproduced in Council publications, including on Council's website and social media pages.

Name:

Signature:

Date:

Declaration by Legal Guardian of Applicant (under 18)

I declare that I am the legal guardian of the applicant and give consent for the applicant to volunteer at the Rockhampton Regional Council for the 2019 Rockhampton Agricultural Show as nominated on this form.

Name:

Signature:

Date: