

**STRATHALBYN TOURISM ASSOCIATION
INC**

34 High St Strathalbyn
PO Box 255 Strathalbyn SA 5255
ABN 62 580 148 380



VOLUNTEER APPLICATION FORM

Name _____

Address _____

Postal Address (if different to above) _____

Phone _____ Mobile _____

E-mail Address _____

Date of Birth _____

Preferred Contact Email Phone Mobile SMS

Emergency contact _____

Do you have a current First Aid Certificate? Yes No

Do you have a current Police Check? Yes No

Do you have accreditation as a Traffic Marshall? Yes No

What days and times are you likely to be available to volunteer?

Wednesday Times _____

Thursday Times _____

Friday Times _____

Saturday Times _____

Sunday Times _____

Applicant Declaration

I understand that:

- My information will be maintained with confidentiality and will not be disclosed without my instruction, unless there is a legal obligation to do so.
- I will be required to have a workplace health and safety induction prior to commencing volunteer duties.
- I may need to use personal protective equipment in accordance with safe work practices.
- I will ensure that I am not influenced by the consumption of alcohol or drugs, in a state that may endanger myself or others.
- I will raise any matter of concern with museum management.
- I will notify museum management of any hazard.
- I will report any injury to myself or others to museum management immediately.
- I will maintain the highest standard of confidentiality regarding any information obtained during my volunteer work.
- I need to take care of my own safety and that of others at the museum.

I (full name) _____

Declare that the information given in this application is true and correct.

Signed _____ Date _____

If the volunteer applicant is under the age of 18 years, a parent or guardian must sign as well as the applicant.

I (full name of parent/guardian) _____ give my
permission for (full name of applicant) _____ to work as
a volunteer for the Gilbert's Motor Museum.

Signed _____ Date _____