

VOLUNTEER APPLICATION FORM

The Turner Centre at Kerikeri always welcomes new Volunteers. To enable us to contact you and understand your skills, availability and preferences please complete this Application Form.

PERSONAL INFORMATION

FIRST NAME					
LAST NAME					
MAILING ADDRESS					POSTCODE
TELEPHONE NUMBERS					
EMAIL ADDRESS					
GENDER	MALE		FEMALE		
AGE GROUP	16-20	21-30	31-44	45-64	65 & over

EXPERIENCE AND QUALIFICATIONS

Please give details of your previous work history and qualifications (i.e. First Aid Certificate) that you could bring to your volunteer work at the Turner Centre. This does not have to be experience in the Performing Arts.

VOLUNTEER ROLES *(Please ✓)*

BAR SERVICE		RECEPTION/TICKETING	
SERVING REFRESHMENTS		USHERS/PROGRAMMES	
PRESENTATION/HOUSEKEEPING		SET-UP FOR EVENTS e.g.Tables and Chairs	
TECHNICAL – STAGE/LIGHTING/SOUND Please List Previous Experience		LIGHT HANDYMAN DUTIES	
GARDENING		HEALTH AND SAFETY	

PREVIOUS VOLUNTEER WORK.....

AVAILABILITY

<i>Please ✓</i>	MORNING	AFTERNOON	EVENING
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

Are you able to work throughout the year? YES NO

If No, what months are you available.....

If you are not a subscriber to our What's On Newsletter for the Turner Centre can we

add you to our list? YES NO

What form of arts do you enjoy? (*Please ✓*)

Drama		Musicals/Concerts		Ballet		Other	
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Suggestions.....

Are you involved in a Local Community Group in Kerikeri? YES NO

Details

Medical Conditions/Physical Limitations and Occupational Health and Safety

- Have you had a personal injury caused by a work related gradual process, disease or infection (e.g. Hearing Loss, repetitive strain injury, back injury) which the tasks of this job may contribute to? YES NO

If Yes Please give details.....

- Do you have any health condition, which may affect your ability to effectively carry out the functions and responsibilities? YES NO

If Yes Please give details.....

- Do you have any allergies or medical conditions where you are required to bring your own medication to work? YES NO

If Yes, please give details.....

- Have you had any previous convictions? YES NO

If yes please give details.....

EMERGENCY CONTACTS

Who should we contact in the event of illness or accident?

CONTACT NAME 1st		CONTACT NAME 2nd	
PHONE NUMBER		PHONE NUMBER	
RELATIONSHIP		RELATIONSHIP	

Declaration

It is declared that to the best of my knowledge the answers in the application are complete and correct. I understand that I have provided all information which relates to my medical history and any condition that could possibly affect my performance and volunteer work at The Turner Centre.

I,..... consent to the Turner Centre retaining the information contained in my application form for the purpose of considering my suitability for any position that I have indicated on my application.

Health and Safety

I,..... will take all reasonable steps to ensure the safety of myself and others and will adhere to all Health and Safety standards and requirements of the Turner Centre.

All accidents and/or injuries incurred in the course of my volunteer work will be reported to the Duty Manager/Venue Manager, as soon as practicable after the incident occurs, irrespective of how minor. I understand my responsibility as a Volunteer and worker under the Accident Insurance Act 1998.

SIGNATURE **DATE**

Completed forms can be sent to:

Turner Centre
Attention: The Volunteer Co-ordinator
PO Box 922
Kerikeri 0245

Or dropped off at:

Turner Centre Box Office
43 Cobham Road
Kerikeri
(Weekdays from 9am to 4pm)

The information supplied will not be disclosed to any other person or organisation. It will be held in a secure data base and you may receive a copy of this information at any time by making contact with the Venue Manager at the Turner Centre.