



VOLUNTEER APPLICATION

We always welcome new volunteers. To enable us to contact you and to understand your skills and preferences, please complete this Application Form.

Personal Information

Full name

Address

Phone number (home)

Phone number (mobile)

Email address

Experience and Qualifications

Please give details of your previous work history and qualifications (i.e. First Aid Certificate) that you can bring to your volunteer work at the Turner Centre.

Volunteer Roles

What volunteer roles are you interested in? Please tick the boxes

Bar Service

Duty Manager

Hospitality

Gardening

Ushering

Box Office

Ticket Scanner

Other:

Emergency Contacts

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

1st contact name

Phone number

Relationship

2nd contact name

Phone number

Relationship



Medical Conditions/Physical Limitations and Occupational Health and Safety

1. Do you have you any injury, caused by a work related gradual process, disease or infection (e.g. hearing loss, back injury) which the tasks of this job may contribute to?
2. Do you have any health condition, which may affect your ability to effectively carry out the functions and responsibilities?
3. Do you have any allergies or medical conditions where you are required to bring your own medication to work?

No

Yes, details:

Do you have any previous convictions?

No

Yes, details:

Declaration

- The answers in this application form are complete and correct to the best of my knowledge.
- I have provided all information which relates to my medical history and any other conditions that could affect my performance as a volunteer at the Turner Centre.
- I am aware that the Turner Centre can request to undertake a police check.
- I give permission to receive volunteer emails.
- 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.
- 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 Turner Centre Management, 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 1999.

Signature:

Date:

OFFICE USE ONLY

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|-------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Induction | <input type="checkbox"/> Add to volunteer newsletter | <input type="checkbox"/> Scan form |
| <input type="checkbox"/> Name badge | <input type="checkbox"/> Add to WhenIWork | |