



Mission Arts Volunteer Registration Form

| 1. Contact Details | | |
|--------------------|--------------|---------------|
| Name | | |
| Address | | |
| Town /Post code | | Date of birth |
| Contact details | Phone | Mobile |
| | Email | |
| Emergency contact | Name | Phone |
| | Relationship | |

| 2. When are you available for volunteering? | | | | | | | |
|---|-------------------------------|------|-----|-------|-----|-----|-----|
| <i>Hours 10-4pm-June to September 10-2pm October to May</i> | | | | | | | |
| Day | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| Time/s | | | | | | | |
| Frequency | Weekly, fortnightly, monthly? | | | | | | |

| 3. Personal information <i>(Tell us about any particular experience or skills that you would bring to the group as a volunteer.)</i> | |
|--|--|
| Experience /Skills | |
| Interests | |

| 4. Medical information | |
|---|---------------------|
| Are you on Worker's Compensation or sick leave? | |
| Do you have any medical restrictions, health issues or allergies that may affect your volunteering? | |
| | |
| Do you have a disability that may restrict the types of tasks that you can do? Y/N | If so, what? |
| Are you taking any medication that may be important for us to know about? Y/N | If so, what? |

| 5. Working with children |
|---|
| If you would like to participate in volunteer activities that involve working with children and young people under 18 years of age, you will be required to obtain a Volunteer Blue Card at no cost to you. We will assist with this. Do you have a Blue Card already? Y/N Do you want to obtain a Blue Card? |

| 6. Volunteer commitment | |
|---|------|
| I shall accept the guidance of the Mission Arts committee and /or Volunteer Co-ordinator and abide by all the association's rules and regulations. I shall notify any changes to my ability to act as a volunteer. I will notify the Volunteer Co-ordinator or a member of the Mission Arts committee as soon as possible if I am unable to attend on any given day and will try to arrange a registered volunteer replacement. | |
| Signature of the volunteer | Date |
| | |

Privacy Note: Information provided on this form will be used only for the purposes of your involvement with Mission Arts as a volunteer. Information will not be used or released for any other purpose.

Please place completed form into Admin Folder to be processed! Thanks!