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VOLUNTEER REGISTRATION FORM {Pages 1 – 3}

Feel Good Events Presents

“Fly the Flag”

THURS 26th January 2012 Dixon Road Reserve Rockingham

Please return this form to Feel Good Events prior to the event either post, fax or e-mail

All Volunteers will receive a complimentary pass into the event on completion of hours volunteered

Tell us a bit about yourself...

Full Name: _____ Gender: _____

Age Bracket: (please tick) 17 18-30 31-45 46-60 61+ (On event day)
(NB: Applicants must be 17+ to apply)

Address: _____

Suburb/Town: _____ State: _____ P/Code: _____

Ph: h) _____ w) _____ mob) _____

E-mail: _____

Do you have Working with Children Check (please circle) YES / NO

How would you like to be notified? Phone E-mail Post?

If funds prevail and we receive funds for volunteer vest what size volunteer vest will you require? (Please tick)

Small Medium Large X-Large XX-Large

When are you available? You must be available for a minimum of 4 hours. Priority will be given to volunteers with greatest availability. Please indicate times available below. ✓

Thursday 8am - 12pm _____

Thursday 12pm - 4pm _____

Thursday 4pm - 8pm _____

Thursday 8pm - 12 midnight _____

What area of volunteering interests you?

HOW CAN YOU HELP? Please tick your preferences

Before Festival *During Festival* *After Festival* *All Day* *Banding Ticket Office*
Office Pre-Festival *Survey & Program distributor* *Parking Attendant* *Waste Management* *Catering* *Gate Ticket Office* *General Runner* *Master of Ceremonies (MC)* *Stage /Production* *Groundsman*

Briefly tell us about your skills and experiences

Below is a set of questions designed to aid in the allocation of volunteers to specific roles. If you do not have experience in any of the areas mentioned, continue to submit your application as these questions are used only as a guide to place volunteers in the most appropriate positions.

Have you had previous experience at other festivals and/or events?

⓪ Yes ⓪ No

If yes, where?

In what capacity?

Do you have previous customer service experience?

⓪ Yes ⓪ No

If yes, where?

If you are applying to MC — What experience/qualifications do you have?

Are you aware of any health issues, which may affect your performance as a Volunteer? ⓪ Yes ⓪ No

If yes, please provide details:

Please list any other skills that you may have that could be of use to the Event Coordinator or the festival

References and Emergency Contact Information

The festival requires each volunteer to submit the names and contact phone numbers of 2 referees so that character references can be conducted to ensure that the best possible volunteers are involved.

Referee Name: _____ Relationship to Volunteer: _____

Phone (BH): _____ Mobile: _____

Referee Name: _____ Relationship to Volunteer: _____

Phone (BH): _____ Mobile: _____

In the case of an emergency, please supply us with the contact name and number of either a friend or relative.

Emergency Contact: _____ Relationship to Volunteer: _____

Phone (BH): _____ Mobile: _____

(AH): _____ (During Festival)

The Festival places trust in all volunteers that they will turn up as agreed & will be available for a minimum of 4 hours over the day where and with whom they are rostered in order to make all areas work smoothly.

Signed: _____ Date: _____

Print Name: _____

Information provided by Festival volunteers is governed by the Privacy and Personal Information Protection Act 1998.

I, _____ agree to abide by the **Code of Conduct** & to complete the 4 hours min of volunteer work during the Fly the Flag Music Festival as per my roster & Activity & Responsibility Statement. I understand that my rostered hours are additional to any training that may need to be undertaken.

In the event of circumstances arising beyond my control, I will contact Feel Good Events **Mob: 0479 152 258** as early as possible so that a replacement can be found to fill my rostered shifts.

I have read the Activity & Responsibility Statement & I agree to its requirements & agree for the Fiona Read to contact the referees named above. I understand that I can choose to withdraw my position as volunteer upon receipt of this application.

Management appreciates your time to contribute as a volunteer and wishes you a successful & prosperous day.

Taylor Knight
Volunteer Coordinator
M: 0479 152 258
Feel Good Events
Post Email or Fax this form to:

E: taylor.feelgoodevents@gmail.com
F: 9523 0058
Po Box 506
ROCKINGHAM CITY WA 6169

