



**Friends of the Festival**  
**Volunteer Application Form**

This application is to be completed by all volunteers seeking placement on the Volunteer Register  
Completion of this form does not confirm the applicant's placement

It is a Waratah-Wynyard Council requirement that volunteers must be at least 18 years of age

The omission of relevant information or provision of false information may lead to this application not being considered further or removal from the volunteer program where a placement has commenced

**Applicant Details:**

Full name:.....

Date of Birth:.....

Address:.....

*Please include an email address if you have one*.....

Telephone: **Home**.....**Work**.....**Mobile**.....

**Emergency contact in the case of illness or Injury:**

Name:.....

Relationship:.....

Telephone: **Home**.....**Work**.....**Mobile**.....

What type of Volunteer activity would you like to be involved in?

**Festival Day**       **Colour Run**       **Special Events**

**For Example:**

**Festival** - Set Up/Cleaning Up/Parking/ Specific organisation and/or supervision wet are/information tent

**Colour Run** – assisting at colour stations to squirt powder paint on participants.

**Special Events** - Assisting with nominated events throughout the year as arranged



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# BLOOMIN' TULIPS FESTIVAL

Do you have previous work/volunteer experience, paid or unpaid? **YES / NO**

If yes, please describe:.....  
.....  
.....

Do you have a current Driver's Licence? **YES / NO**

If yes, what type?.....Expiry Date.....

Please give details of any qualifications, skills or training you have:.....  
.....  
.....

Referees: Please provide details of at least one person who is knowledgeable about your past work/volunteer experience

Name:.....

Relationship:.....

Telephone contact:.....

Some Volunteer programs may provide you with access to sensitive or personal information about Waratah-Wynyard Council's clients or may require you to work with children. If this is the case, would you agree to obtain a Police Security check? **YES / NO**

Do you have any physical or mental impairment or condition that may affect your ability to do certain types of activities or be affected by certain types of activities? **YES / NO**

If yes, please describe any restrictions:.....  
.....  
.....



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Do you have any objections to Waratah-Wynyard Council arranging a medical examination to determine your fitness for certain activities either prior to or during your volunteer placement?

**YES / NO**

*(Waratah-Wynyard Council will meet the cost of any medical examination deemed necessary)*

In the event of injury or illness, Waratah-Wynyard Council will take all reasonable steps to notify the person(s) nominated on this form as soon as possible.

In the event of illness or injury while on placement, I .....(applicant's name) authorise Waratah-Wynyard Council, its agent or representative to arrange whatever medical treatment is appropriate and arrange transport to a suitable facility for that treatment. I understand that any costs incurred will be my responsibility other than where the costs have arisen directly from my involvement in the volunteer program.

I hereby acknowledge that I have read and understood the Guidelines provided and agree to abide by these provisions.

Name:.....Signature.....

Date:.....

***Roles and duties will be allocated according to skills, availability, expertise and finding the best fit for the event and the individual***

***Parental Signature required for students under 18 years:.....***



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