



Volunteer Application Form

Name _____ Family name _____ Date of birth _____

Address _____

Telephone _____ Email _____

Mobile number _____ Driver's License no. (verified by Managing Curator) _____

Emergency contact 1 (name and phone number) _____

Emergency contact 2 (name and phone number) _____

Previous occupation _____ Qualifications _____

Are you part of a Government scheme, e.g. Centrelink? Please detail _____

Do you have any health issues that may affect your work here? If yes, please describe:

Please list the competencies that you are able to bring to the Museum i.e. *First Aid Certificate, Blue Card*

Please circle the areas that reflect skills you have or may be of interest to you:

Guiding Reception Maintenance Research Administration Maintenance Education Other

What are the hours / days you will be able to work? _____

What company is your service provider (in case of Centrelink support)? _____

I give permission for Townsville Maritime Museum Limited to conduct or request any investigation deemed necessary to verify that I have no criminal record and that I am an honest and trustworthy member of this community.

I hereby submit my personal resumé/CV if requested.

I agree to abide by the rules, regulations and policies of the Museum and will fulfill my volunteer duties as directed in accordance with the Museum's Volunteer Handbook.

All new volunteers are asked to agree to a one months' trial period. This is to ensure that performance is appropriate for both the museum and for the volunteer.

Trial date beginning _____ **Date of completion** _____

I have noted the information outlined above (signed by volunteer) _____

Managing Curator

Date _____

Date left: _____