



## Volunteer Application Form

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Mobile number \_\_\_\_\_ Driver's License no. \_\_\_\_\_

Partner's name \_\_\_\_\_

Emergency contact (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 interfere with your work here? If yes, please describe:

\_\_\_\_\_

Please list the skills that you are able to bring to the Museum i.e. *First Aid Certificate*

\_\_\_\_\_

**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 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 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 agree to all of the information outlined above (signed)** \_\_\_\_\_

\_\_\_\_\_  
Museum Representative

\_\_\_\_\_  
Date

Date left: \_\_\_\_\_