

EOI Volunteer - Christmas in the City 2024 and Skyfest 2025

Form Preview

Volunteer Information

Thank you for registering your interest in volunteering at the City of Bunbury **Christmas in the City event** on Sunday, 8 December 2024, at Bicentennial Square and/or SkyFest on Sunday, **26 January 2025**, at Koombana Foreshore.

Please note the below cut off dates for applications for events are:

Christmas in the City: 22 November 2024

Skyfest: 25 December 2024

Successful applicants will be required to complete a Volunteer Police Clearance form prior to the event, and a one-on-one 15-minute induction before the commencement of your volunteer shift on event day.

Volunteer duties include:

- Signage Coordinator
- Safety Monitor
- Survey Collectors
- Stage Assistant
- Photographer Assistant
- Help Desk
- Set-up and Pack-down Crew

Prior to the event, you will be issued a brief role description and map. Please note: Your role may change on the day.

To volunteer, you must be at least 15 years of age and be able to work in a busy environment.

Why Volunteer?

- Meet new people
- Make new friends
- Learn new skills
- Gain experience
- Share life experiences and skills
- Have fun
- Be active and engage with the community

Volunteers will be awarded with the following for their efforts:

- Volunteering acknowledgment certificate
- Summer Lovin merchandise pack
- Invitation to end-of-event season volunteers' celebration

EOI Volunteer - Christmas in the City 2024 and Skyfest 2025

Form Preview

Personal Details

* indicates a required field

Name *

Title

First Name

Last Name

Address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

Mobile Phone Number *

Must be an Australian phone number.

Date of Birth *

Must be a date.

Email *

Must be an email address.

Emergency Contact Name *

Title

First Name

Last Name

Phone Number *

Must be an Australian phone number.

What Pronouns do you identify with?

For example ze, them, he, and she

Do you identify as a person with disability? *

☐ Yes

☐ Prefer not to say

☐ No

☐ N/A

Do you identify as Aboriginal or Torres Strait Islander? *

☐ Yes

☐ No

EOI Volunteer - Christmas in the City 2024 and Skyfest 2025

Form Preview

Volunteer Availability and Documentation

* indicates a required field

Where did you hear about the opportunity to volunteer? *

- | | | |
|--|--|---|
| <input type="checkbox"/> City of Bunbury website | <input type="checkbox"/> Facebook | <input type="checkbox"/> Word of mouth / referral |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Print advertising/
newspaper | <input type="checkbox"/> Other |

Please tell us why you are interested in volunteering at City of Bunbury events? *

- | | |
|--|--|
| <input type="checkbox"/> Meet new people | <input type="checkbox"/> Work experience / service hours |
| <input type="checkbox"/> Giving back to my community | <input type="checkbox"/> Other |
| <input type="checkbox"/> Develop new skills | |

Please advise which event/s you would like to volunteer? *

- ☐ Christmas in the City
- ☐ SkyFest
- ☐ Both

Please indicate if you are happy to do multiply volunteer shifts

Please advise what time/s you are available to volunteer at Christmas in the City?

*

- ☐ 2pm - 4pm
- ☐ 4pm - 6pm
- ☐ 6pm - 8pm
- ☐ 8pm - 10pm
- ☐ Not Available

You choose more than one time. Please note we will aim to have volunteering shifts to minimum of 2hrs

Please advise what time/s you are available to volunteer at SkyFest? *

- ☐ 2pm - 4pm
- ☐ 4pm - 6pm
- ☐ 6pm - 8pm
- ☐ 8pm - 10pm
- ☐ Not Available

Please advise of your preferred volunteer role/s?

- ☐ Signage coordinator (Assemble and install banners and signage around the event area. Disassemble banners at the end of the event)
- ☐ Set-up and Pack-down Crew (Help set up and pack down event items and equipment including tables, chairs, umbrellas etc)
- ☐ Safety Monitor (Check for hazards around the event area, report and/or rectify them)
- ☐ Survey Collector (Collecting data from random event attendees)
- ☐ Help Desk (Provide information to event patrons)
- ☐ Photographers' Assistant (Support in collecting written consent from event patrons)
- ☐ Stage Assistant (Liaising with performers, AV company and ensuring performers are ready to be on stage at the required time)

EOI Volunteer - Christmas in the City 2024 and Skyfest 2025

Form Preview

Do you have a Volunteer National Police Clearance? *

- ☐ Yes I have a current Volunteer National Police Clearance (Within the last 12 months)
- ☐ No I do not have a current Volunteer National Police Clearance

Please attach Volunteer National Police Clearance (if applicable)

Attach a file:

Do you have a current Working With Children Check? *

- ☐ Yes I have a current Working With Children Check
- ☐ No I do not have a current Working With Children Check

Please attach Working With Children Check Card (if applicable)

Attach a file:

Referee

* indicates a required field

Please provide details of two referees who can be contacted to provide further information about your suitability to volunteer at this event (Please note: they do not need to be connected for previous employment or volunteer positions).

Referee Number One *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mobile Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Referee Number Two *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mobile Phone Number *

Must be an Australian phone number.

Email *

EOI Volunteer - Christmas in the City 2024 and Skyfest 2025

Form Preview

Must be an email address.

Volunteer Medical Declaration

Do you have any current medical conditions and/or a history of:

- ☐ Angina, heart disease persistent chest pain, pain operation?
- ☐ High or low blood pressure?
- ☐ Fainting or dizziness?
- ☐ Respiratory illness, e.g. asthma, emphysema?
- ☐ Pain or disability in the lower back or neck?
- ☐ Pain or limitation of use of the upper limbs?
- ☐ Pain or limitation of use of the lower limbs?
- ☐ Occupational overuse syndrome or repetitive strain injury?
- ☐ Any other condition of the muscles, bones or joints?
- ☐ Excessive fatigue or chronic fatigue syndrome that may interfere with your normal daily activity?
- ☐ Hearing loss, ringing in the ears or deafness?
- ☐ Any defect in speech and sight, including the need for glasses or contact lenses?
- ☐ Alcohol or drug dependence abuse?
- ☐ Diabetes?
- ☐ Hernia or rupture?
- ☐ Migraine or frequent headaches?
- ☐ Persistent or recurrent skin disease?
- ☐ Allergies or require an Epi-Pen?
- ☐ Aware of any asbestos exposure, if so how much and when?
- ☐ Are you currently taking any medication or drugs that may have an impact on your alertness or ability to undertake the duties of the work?
- ☐ Are there any other previous or current medical conditions or illnesses, not mentioned above that could be relevant to your satisfactory work performance or attendance?
- ☐ Suffered from anxiety, stress or depression?
- ☐ Medication to relieve symptoms of anxiety, depression or nervous disorder?
- ☐ Any other mental, psychological, psychiatric or nervous conditions/illness?

If you have answered yes to any of the above, please give brief details below:

Acknowledgement

* indicates a required field

By adding your name to this form, you agree to the following:

- I have reviewed the [Volunteer Position Description and Code of Conduct](#)
- I will not receive payment for volunteering at this event
- I will comply with policies and procedures put in place by the Event Organisers

EOI Volunteer - Christmas in the City 2024 and Skyfest 2025

Form Preview

- I will act in a responsible manner at all times
- The information contained in this application is true and correct
- That while you are assisting at the City of Bunbury 2024 Christmas in the City event or the 2025 SkyFest event and while your assistance is approved/controlled and/or known by the Event Organisers , you will be covered by the City of Bunbury's Personal Accident Insurance Policy and Public Liability Insurance

Volunteer Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date *

Must be a date.

Volunteers under 18 years of age must also provide a signature from their parent or guardian

Parent or Guardian Name

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date

Must be a date.