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

Personal Details

* indicates a required field Name * First Name Last Name Title 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

Volunteer Availability and Documentation

* indicates a required field

Where did you hear a ☐ City of Bunbury web ☐ Social Media		(er? *
Please tell us why yo ☐ Meet new people ☐ Giving back to my c ☐ Develop new skills			at City of Bunbury events? * rience / service hours
Please advise which ☐ Christmas in the Cit ☐ SkyFest ☐ Both	_	l like to volunte	er? *
Please indicate if yo	u are happy to do	multiply volunt	eer shifts
* 2pm - 4pm 4pm - 6pm 6pm - 8pm 8pm -10pm Not Available	e time. Please note we	will aim to have vo	eer at Christmas in the City? Plunteering shifts to minimum of eer at SkyFest? *
□ 8pm - 10pm□ Not Available			
Disassemble banners a □ Set-up and Pack-do including tables, chairs □ Safety Monitor (Che □ Survey Collector (Che □ Help Desk (Provide □ Photographers' Ass	r (Assemble and inst t the end of the ever wn Crew (Help set u , umbrellas etc) eck for hazards arour ollecting data from r information to event istant (Support in col sising with performer	call banners and sont) p and pack down and the event area candom event attent t patrons) Ilecting written co	event items and equipment report and/or rectify them) endees) onsent from event patrons) and ensuring performers are

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
Mobile Phone Number *
Must be an Australian phone number.
Email *
Must be an email address.
Referee Number Two *
Title First Name Last Name
Mobile Phone Number *
Must be an Australian phone number.

Email *

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 diziness?			
	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 chromic fatigue syndrome that may interfere with your normal daily			
	ivity?			
	Hearing loss, ringing in the ears or deafness?			
	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?			
	rtness or ability to undertake the duties of the work?			
	Are there any other previous or current medical conditions or illnesses, not mentioned			
	ove that could be relevant to your satisfactory work performance or attendance?			
	Medication to relieve symptoms of anxiety, depression or nervous disorder?			
Ш	Any other mental, psychological, psychiatric or nervous conditions/illness?			
If y	ou 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 <u>Volunteer Position Description and Code of Conduct</u>
- I will not receive payment for volunteering at this event
- I will comply with policies and procedures put in place by the Event Organisers

• I will act in a responsible manner at all times

Volunteer Name *

- 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

Title	First Name	Last Name					
Date *							
Must be a	date.						
Volunteer guardian	s under 18 years	of age must also p	provide a signature from their parent or				
Parent or Guardian Name							
Title	First Name	Last Name					
Date							
Must be a	date.						