

TENTERFIELD SHIRE COUNCIL VOLUNTEER RECORD FORM

Volunteer to complete

Surname:				
Given name:				
Preferred title:	Mr	Mrs	Ms	Miss
Address:				
Phone:	Mobile:			
Email:				
Australian Citizen Y N	4			
For statistical purposes onl	'y			
Date of birth//_		Aborigin	al: Y	N
Country of birth other than	Australia: Y N			
EMERGENCY CONTACTS: Please provide Council with co	ntact details of two pec	ople.		
Name:				
Relationship:				
Phone:				
Name:				
Relationship:				
Phone:	_ Мо	bile:		
 Volunteer signature		Date:	//	

<u>Please note</u>: This information is considered confidential and will be stored in a volunteer's file for Council use only. Council will not provide your contact details to external parties.

Available Start Date:					
Preferred attendance day:					
Museum Open: 7 days per week 10:00am to 4:00pm Cinema Open: Tue: am & pm, Fri: pm, Sat: pm, Sun: pm Theatre: As required, mainly mid-week (Note: Cinema days/times may change depending on Management decisions)					
Area of special interests (please tick)					
Museum Reception Guide Promotion Education Catering					
Cinema □ Projectionist □ Usher □ Ticket/Box Office Sales □ Candy Bar Operation					
Theatre ☐ Ticket/Box Office Sales ☐ Usher ☐ Candy Bar Operation ☐ Sound/Lighting ☐ Back Stage Assistant					
Should the circumstances arise in the course of would you agree to the use of your photo promotional purposes? Yes / No (Please circle)	graph, taken in the facility, to be used for				
Volunteer signature	/				
FOR OFFICE USE ONLY					
Start Date:/	Finish Date:/				
Date Notified:/					
Reason for leaving?					
Processed by:	Date:/				