



VOLUNTEERS REGISTRATION FORM ROCK & ROLL RENDEZVOUS – SUNDAY 14 APRIL 2019

| *SURNAME (Mr/Mrs/Ms/Miss) | | | *FIRST NAME | | | | |
|---|------------------------|---|------------------------------------|------------------------|----------------|--------|--|
| ADDRESS | | | SUBURB | | | P/CODE | |
| PHONE Home | | PHONE Work | | | | | |
| MOBILE | | EMAIL | | | | | |
| DATE OF BIRTH | SIRTH | | | TION | | | |
| EMERGENCY CONTACT PERSON | Name: Relationship: | | PHONE Home PHONE Work PHONE Mobile | | | | |
| MEMBER OF A CAR/BIKE CLUB? | | DO YOU HAVE YOUR OWN TRANSPORT YES / NO | | | | | |
| OTHER EVENT EXPERIENCE | | | | | | | |
| PREFERRED ROLE/S AT THE EVENT. (If any) Eg, traffic marshalling, ticket sales, security | 1. | | 2. | | | | |
| | 3. | | 4. | | | | |
| DO YOU HAVE PREFERRED CO-WORKERS? | | | | | | | |
| (People you prefer to work with – Please list) | | | | | | | |
| * DATES and TIMES AVAILABLE (please tick dates & times you are available) | | | | | | | |
| ☐ Fri 12 APRIL ☐ Sat 13 APRIL ☐ Sun 14 APRIL ☐ Mon 15 APRIL | | | | | | | |
| Times: | Time | Times: | | Times | Times: | | |
| * DO YOU REQUIRE A POLICE CHECK FORM? YES / NO | | | | | | | |
| CONFIDENTIAL: MEDICAL CONDITIONS ALLERGIES / DETAILS | 6/ | | | | | | |
| PRIVACY STATEMENT | | | | | | | |
| All CONFIDENTIAL and MEDICAL information supplied on this form will be entered into a database for the purposes of managing the bay to Birdwood and will only be disclosed to third parties in the event of the need / perceived need for medical intervention or assistance. | | | | | | | |
| * SIGNED: | | | *DATE: | | | | |
| UNDER 18 Yes / No | | | OFF | OFFICAL DATE RECEIVED. | | | |
| (If U18 a Parent/Guardian Declaration must be signed.) | | | USE | | DATE RECEVIED: | | |