



MONTREAL COMMUNITY THEATRE

VOLUNTEER APPLICATION



ABN 45 941 425 238

44-46 Russell Street, Tumut 2720 – PO Box 66, Tumut 2720 – Phone (02) 6947 4840 – Fax (02) 6947 6041

Personal details

Mr/Mrs/Miss/Ms/ Dr: (Please Circle) First Name(s): _____

(Preferred Name): _____ Surname: _____

Address: _____ Postcode: _____

Tel (bus): _____ Tel (a/h): _____

Mobile: _____ Email: _____

Date of Birth: _____

Working with Children Check number: _____

Are you a permanent resident of Australia? _____

Next of Kin or Person to contact in an emergency

Name: _____ Relationship: _____

Emergency contact phone number: (Home): _____

(Bus): _____ (Mobile): _____

Background?

Current/Previous Occupation?

Hobbies and Interests?

What skills or qualifications can you bring to the MONTREAL THEATRE?

Health information

(This information will help us ensure you are not asked to perform duties or tasks that may be detrimental to your physical or mental health)

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Do you have any medical or physical limitations which might limit your ability to perform certain types of activities? Yes No

If yes, please describe _____

Membership

Would you like to become a member? Yes No

Being a member allows you to attend and vote at all General meetings of the association. All members will receive a notification, invitation and agenda to all General meetings.

The joining fee is \$1 per person and should accompany your application form. Annual fee is \$5 per person and is payable at the AGM.

Confidentiality Agreement

I agree that I will at no time disclose or discuss any information pertaining to the Montreal Community Theatre Inc with anyone other than to the appropriate staff of the Montreal Community Theatre Inc.

I hereby agree to abide by the Code of Ethics and Confidentiality Practice and Procedures.

PLEASE NOTE:

All successful volunteers will be placed on a three month probationary period. At the conclusion of this trial volunteer compatibility will be reviewed.

Declaration

I confirm that I have read, accept and agree to abide by the Montreal Community Theatre Inc, Values, Philosophy of Care and Code of Conduct for Staff and Volunteers. I confirm that the information provided in this Registration Form is correct to the best of my knowledge.

Signed: _____ Date: ____/____/____

Volunteer Name (printed) _____