

Volunteer Application Form Laycock Street Community Theatre



Please complete this form and submit to katherine.bridekirk@centralcoast.nsw.gov.au if you are interested in volunteering at Laycock Street Community Theatre.

| Applicant's details | | | |
|---|--|-----------------------|--|
| Name: | | | |
| Address: | | | |
| Home Phone Number: | | Mobile Number: | |
| Email Address: | | | Date of Birth (for insurance purposes): |
| Have you previously volunteered with Council? If so, where? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a current Working With Children Check? If so, please provide the number: | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Important information |
|---|
| <p>Volunteers at the theatre participate in show shifts, which usually run at approximately three to four hours per shift on average. There are no guaranteed hours per week, as it depends on how many performances the theatre puts on every week. Volunteers commence a shift one and a quarter hours before the performance starts, so an 8.00pm performance would have a volunteer arrival time of 6.45pm.</p> <p>While there is flexibility in regard to the number of shifts you choose to attend throughout the year, we do ask – due to the nature and process of becoming a volunteer at Laycock Street Community Theatre – that you intend to make a significant time commitment, which equates to approximately one shift every two weeks on average, for a minimum of one year, and that you have carefully considered your ability to balance this with other personal commitments.</p> |

| Availability |
|--|
| Please indicate when you are available to volunteer (select more than one if applicable) |
| <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Public Holidays <input type="checkbox"/> Day time <input type="checkbox"/> Night time |

| What is your current work status |
|---|
| Please indicate your current work status (select more than one if applicable) |
| <input type="checkbox"/> Full Time Worker <input type="checkbox"/> Part Time Worker <input type="checkbox"/> Casual Worker <input type="checkbox"/> Home Duties |
| <input type="checkbox"/> Job Seeker <input type="checkbox"/> Student <input type="checkbox"/> Retired |

| What is your primary motivation for volunteering | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> Help others/give back to the community | <input type="checkbox"/> Using skills/learning new skills | <input type="checkbox"/> Social interaction | <input type="checkbox"/> Centrelink/ Job network referrals | <input type="checkbox"/> Personal satisfaction |
| <input type="checkbox"/> Gain work experience | <input type="checkbox"/> Build confidence/self esteem | <input type="checkbox"/> Explore/engage in areas of interest | <input type="checkbox"/> To be active/keep busy | <input type="checkbox"/> Make a difference |
| <input type="checkbox"/> Other Please provide details | | | | |

| How did you hear about volunteering at Laycock Street Community Theatre | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Theatre website | <input type="checkbox"/> Job network provider | <input type="checkbox"/> Have attended theatre as a patron | <input type="checkbox"/> Current/former theatre volunteer | <input type="checkbox"/> Friend/family member |

| Supporting information |
|--|
| <p>Have you volunteered anywhere previously?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please detail your role/s, duties and the time period of this experience:</p> |

| Skills and abilities | |
|---|--|
| Business/administration: | |
| Computer skills: | |
| First aid certification: | |
| RSA certification: | |
| Cash handling/balancing money: | |
| Cash registers/EFTPOS: | |
| Customer service: | |
| Please list any other skills or experience that would support your application: | |

Health and fitness

Do you have any health/medical issues/personal issues that may impact on your ability to perform a volunteer role with Laycock Street Community Theatre; or that we would need to relay to paramedics in the event of an emergency?

Yes No

If yes, please provide details below:

Emergency contact details

As this form also collects the personal information of an individual you have nominated as your emergency contact, under privacy obligations, you are required to obtain the consent of the nominated individuals for the collection of their personal information in this form.

Name:

Relationship:

Contact Number:

Declaration

I agree to Council conducting verification, background security and any other security checks where applicable.

I understand that I must be at least 18 years of age to volunteer.

By signing this form, I attest that the information supplied is true and accurate. I understand that submitting this application does not automatically register me as a volunteer, but that there is a selection process which may include completion of a satisfactory Working With Children Check, and will require participation in regular and ongoing training.

If my application for volunteering is successful, I will be bound by, and at all times observe and respect all policies, procedures, terms and conditions of volunteering as provided to me during induction and orientation, and as varied from time to time.

Applicant signature

Signature:

Date:

| Office Use Only | |
|--|-----------------|
| Date Received: | Interview Date: |
| Application Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If not approved provide supporting information: | |
| | |
| Name: | Position: |
| Volunteer Induction Date: | |
| Emergency Evac Training Date: | |

Quick Links:

www.centralcoast.nsw.gov.au/theatres

Ask us a Question:

Have more questions? Contact katherine.bridekirk@centralcoast.nsw.gov.au or phone (02) 4304 7135.