



Fraser Coast Agriculture Show Society Inc.

ABN: 59 534 420 367

PO BOX 232, Maryborough QLD 4650

VOLUNTEER INDUCTION FORM

You should provide complete and accurate information for all questions unless otherwise advised, regardless of whether you consider it relevant to the position applied for. The completion of this document does not indicate any obligation on the part of The Queensland Chamber of Agricultural Societies to employ you. Should you fail to fully complete any section(s) of this form, your application for a volunteer position can only be considered on the basis of the information provided. Collecting & Holding Personal Information The information you provide on this application is for the volunteer position and will be collected and held by The Queensland Chamber of Agricultural Societies. Purpose This information is collected for the purpose of assessing your suitability for volunteer work initially for the position stated below. Your Access to this Information You have a right of access to personal information (excluding any material of an evaluative nature) and to seek any correction you think necessary to ensure accuracy.

SECTION 1 – PERSONAL INFORMATION Please underline the first name that you prefer to use.

First Names: Surname:

Date of Birth: Place of Birth:

Any other names you are known by:

Postal Address:

..... Postcode:

Residential Address (if different to above):

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Telephone (day): Mobile:

Fax: Email:

Emergency contact:

Relationship to you:

Emergency contact phone number:

SECTION 2 – GENERAL INFORMATION QUESTIONS

Volunteer position you're applying for?

1) What days of the week can you volunteer?

2) What mode of transport will you be using?

3) What hours are you available for?

4) What skills do you believe you can bring to the volunteer position?

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5) Have you previously done any volunteering?

If yes what did you enjoy about it?

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6) Do you prefer working as part of a group or independently?.....

Show Office | 84 Gympie Road, Maryborough | QLD | 4650

Office hours – Monday to Thursday 9.00am to 3.00pm Telephone (07)4123 5311

WEBSITE- www.frasercoastagshow.com | Email secretary@frasercoastagshow.com



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SECTION 3 – MEDICAL HISTORY

1) Is there any medical condition that needs to be known? Yes No If yes please give a brief detail

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2) Does this condition affect concentration or your ability to work? Yes No If yes please give a brief detail

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SECTION 4 – ADDITIONAL INFORMATION

Do you have any additional information that you consider will assist your application? For example, achievements, interests, aspirations, etc. Continue on a separate page, if necessary.

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SECTION 5 – DECLARATION I declare that to the best of my knowledge the answers to the questions in this application are correct. I understand that if any false information is given, or any material fact suppressed, I may not be accepted or if I am employed, I may be dismissed. I also understand that any false or misleading information given in section 5, the medical portion of this form may result in my loss of entitlement for any compensation.

Full Name:

Signature: Date: