2010 APPLE AND GRAPE HARVEST FESTIVAL
VOLUNTEER APPLICATION FORM

PLEASE NOTE: IF UNDER 18 A GUARDIAN'S SIGNATURE IS REQUIRED.

NAME:				
ADDRESS:				
CONTACT DETAILS:	HOME:		MOBILE:	
	WORK:		EMAIL:	
AGE GROUP: Please Circle	18 & under Need Guardian's consent	19 to 30	31 to 50	51 to 65 66 plus

Where would you like to help? ***Please Circle***	ANYWHERE, STREET LIGHTS, OFFICE, BALL SAT 6th March: EARLY MORNING, MARSHALL PARADE, MARSHALL FIREWORKS, AFTER 10PM SUN 7th March: EARLY MORNING, PARK, AFTER 7PM		
Is there anything you do not want or are not able to do?			
When are you available? (days and times am or pm) ***Please Circle***	Prior to Festival: Any Day or Day: Mon Tue Wed Thur Fri Sat Sun Time:		
	March: Fri 5th Yes/No	Sat 6th Yes/No	Sun 7th Yes/No
Do you have any special skills?(Offered on voluntary basis)			

NEXT OF KIN DETAILS to be contacted in case of any medical emergencies:

NAME:			
RELATIONSHIP:			
ADDRESS:			
PHONE Home:		*Mobile:*	
Work:			

HEALTH DETAILS – do you have any health issues that we need to be aware of?

We may need to take these into consideration when allocating duties. General comments only needed.	

DATE:	***SIGNATURE OF APPLICANT:*** ***(if under 18 years of age please have your guardian read and sign below.)***

GUARDIAN BEFORE SIGNING THIS CONSENT: PLEASE BE AWARE THAT ALOCHOL WILL BE SOLD AT THE BALL AND THE ABOVE VOLUNTEER MAY BE ASKED TO HELP IN THIS AREA.

SIGNATURE OF GUARDIAN:.....

NAME OF GUARDIAN:..... PHONE NO:.....

Guardian: Please PrintYour Name and your Phone Number Thank You

To register as a volunteer, please complete this Application Form and return to the Apple & Grape Harvest Festival Office, PO Box 338, Stanthorpe, or fax to 4681 4111. We will be in touch soon after to discuss your participation. Thank you very much for volunteering to ensure that the 2010 Festival is a success. All information will be treated as private and confidential.