



**TENTERFIELD SHIRE COUNCIL  
VOLUNTEER RECORD FORM**

**Volunteer to complete**

**Surname:** \_\_\_\_\_

**Given name:** \_\_\_\_\_

**Preferred title:**                                 **Mr**                 **Mrs**                 **Ms**                 **Miss**

**Address:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_                                 **Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Drivers licence (No. and class):** \_\_\_\_\_                 **Australian Citizen**     **Y**     **N**

*For statistical purposes only*

**Date of birth** \_\_\_\_/\_\_\_\_/\_\_\_\_                                 **Aboriginal:**   **Y**                 **N**

**Country of birth other than Australia:**   **Y**   **N**

**EMERGENCY CONTACTS:**

Please provide Council with contact details of two people.

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_                                 **Mobile:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_                                 **Mobile:** \_\_\_\_\_

\_\_\_\_\_  
**Volunteer signature**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

***Please note:*** *This information is considered confidential and will be stored in a volunteer's file for Council use only. Council will not provide your contact details to external parties.*

**Available Start Date:** \_\_\_\_\_

**Preferred attendance day:** \_\_\_\_\_

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**Visitor Information Centre:** Mon/Tues/Wed/Thurs/Fri/Sat: am/pm, Sun: 10am to 2.00pm  
**Museum Open:** 7 days per week 10:00am to 4:00pm  
**Cinema Open:** Tue: am & pm, Fri: pm, Sat: pm, Sun: pm  
**Theatre:** As required, mainly mid-week  
**(Note:** Cinema days/times may change depending on Management decisions)

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**Area of special interests** *(please tick)*

**Museum**

- Reception
- Guide
- Promotion
- Education
- Catering

**Visitor Information Centre**

**Cinema**

- Projectionist
- Usher
- Ticket/Box Office Sales
- Candy Bar Operation

**Theatre**

- Ticket/Box Office Sales
- Usher
- Candy Bar Operation
- Sound/Lighting
- Back Stage Assistant

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Should the circumstances arise in the course of your volunteer work at the School of Arts or Visitor Information Centre, would you agree to the use of your photograph, taken in the facility, to be used for promotional purposes? Yes / No (Please circle)

\_\_\_\_\_  
Volunteer signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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Are you interested in becoming a member of The Friends of the School of Arts Committee? Yes / No (Please circle)

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**FOR OFFICE USE ONLY**

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Finish Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Notified: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for leaving? \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_