

33rd Annual
Australian Heritage Festival
 22nd August to 30th August 2009
Volunteer Application

Date Stamp

Name: _____ Age: _____ M / F

Name: _____ Age: _____ M / F

Please Print the names of each person, for name tags

Address: _____

Postcode

Phone: _____ Mobile: _____ E-Mail _____

Membership: Are you members of the Jondaryan Woolshed Association Inc. Y / N

Attendance and Meals:

Please list the **number** of people coming on what days you are coming, and also the meals you require.
 If arriving earlier than 21st August, indicate the day and date please _____

Month	August						September					Total
Date	21 st	22 nd	23 rd	24 th	25 th	26 th	27 th	28 th	29 th	30 th	31 st	No. \$
Day	Fri	Sat	Sun	Mon	Tues	Wed	Thu	Fri	Sat	Sun	Mon	
Attending												
Breakfast												x \$2
Lunch												x \$3
Dinner												x \$4
TOTAL	If you are coming for all days and all meals, total cost is \$93 per person.											

520-150-240

Accommodation: Not Required Required (Tick type below)

If Shearers' Quarters Accommodation is required, please write the **Number** of males, females, or children.
 Prefer to share with:

	Shearers Quarters Room (Shared)	Caravan Site for my own Caravan (Powered)	Site for my own tent/caravan (No Power)	Please arrange to hire a Caravan (\$180.00)	Please arrange on-site self-erect Tent (\$30)	Total Number of People	Cost (if any)
Male							
Female							
Office use							510-150-110

520-150-200

TOTAL PAYABLE: Cheques are to be made only to **Jondaryan Woolshed**

Payment Details: Cheque Money Order Visa Bankcard MasterCard

Credit Card Number: _____

Card Holders Name: _____

Card Expiry Date: _____ Signature: _____

OFFICE USE ONLY Room No/Camp Site	Receipt No: _____	Clerk: _____	Date: _____
	Data Entered by: _____		Date: _____

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Volunteer Information

This form is for two people. Copy for more people.

It is important for you to fill out this section as comprehensively as possible, particularly with regard to: - Qualifications and Experience, in order to fulfil our WPH&S and Insurance obligations, and to assist in placing you in an appropriate position.

Name:	1.	2.
Skills, experience, background		
Particular interests Would you like training?		
Formal qualifications e.g Operator Tickets. Bring copies, unless we have them on file already		
Informal qualifications and experience e.g. harness driving, farming, timberworking. Give some evidence or reference.		
Areas/Sections you would like to work in List 3 or more preferences		
Items I am bringing e.g. for machinery <ul style="list-style-type: none"> • Make • Model • Year of manufacture • Place of manufacture • Horsepower • Special story or information • Photo would be great 		
Workplace Health and Safety Site Induction <i>"I have read, understood, and agree to abide by the Workplace Health and Safety Guidelines and Policies for the Jondaryan Woolshed as set out in the Workplace Health & Safety Site Induction".</i> <i>"I am aware of the Insurance implications of my involvement as a volunteer at the Jondaryan Woolshed."</i>		
Signature		

Response date: Please return this form, with payment, by **20th July, 2009**, to:

OFFICE USE	Section:
	Task:
	Report To:

Jondaryan Woolshed
264 Evanslea Rd,
Jondaryan Qld 4403