



VOLUNTEER REGISTRATION FORM 2021

The Nowra Show Society Inc

Phone 0491 128 900

Email info@nowrashow.org.au

PO BOX 494 NOWRA

NSW 2541

Webpage www.nowrashow.org.au

AREA /SECTION: _____		
INDUCTED BY (Print Name & Sign _____ (SUBCOMMITTEES TO ENSURE THIS FIELD IS COMPLETED AND SIGNED)		
FULL NAME:		
ADDRESS:		
STATE:	POSTCODE:	
PHONE (H):	PHONE (M):	
EMAIL:		
NEXT OF KIN (<i>EMERGENCY CONTACT</i>) NAME:		
PHONE:	MOBILE:	
RELATIONSHIP:		
	YES	NO
Have you read, understood and do you agree to follow the Nowra Show Society Inc Work Health and Safety Policy? (View the WHS Policy at www.nowrashow.org.au)		
Do you have any medical conditions or other information of which we should be aware? If yes please provide details below.		
DETAILS:		
PREVIOUS EXPERIENCE:		
NUMBER OF YEARS VOLUNTEERING AT THE NOWRA SHOW SOCIETY:		
		START DATE:
PRIVACY STATEMENT: THE NOWRA SHOW SOCIETY RESPECTS THE PRIVACY RIGHTS OF OUR MEMBERS AND VOLUNTEERS AND ANY DATA RECORDED ON THIS FORM WILL BE USED FOR SHOW SOCIETY PURPOSES ONLY.		
NAME:		DATE:

SIGNATURE:

NOWRA SHOW FRIDAY 5TH & SATURDAY 6TH FEBRUARY 2021