CAIRNS SHOW Cairns Show Association trading as the Cairns Agricultural, Pastoral & Mining Association 109-127 Mulgrave Rd, Paramatta Park, QLD 4870 PO Box 811 Bungalow, QLD 4870 <u>www.cairnshow.com.au</u> reception@cairns-show.com (07) 4042 6699

CAIRNS SHOW VOLUNTEER INDUCTION FORM

Please complete this form with accurate information for all questions. The completion of this form does not indicate any obligation on the part of the Cairns Show Association to employ you.

Section 1 – Personal Information		
	Surname:	
	Place of Birth:	
above):		
·		
	Mobile:	
🗆 Yes / 🗆 No		

Emergency Contact

First Name:	Surname:	
Relationship to you:	Contact Number:	

Medical History

Medical Condition/s (if applicable provide brief details):
Does this condition affect your ability to work? (If yes, provide brief details):

Section 2 – Availability				
Cairns Show Dates:		Mode of Transport:		
Availability:	Pre-Show*	□ During Show (if during Show, which day/s):		
Time of Day:	🗆 Day	Wednesday		
	□ Night	🗆 Thursday		
		🗆 Friday		
*Pre-Show Volunteers are re	quired from the start of July.			
Hours Available / Day/s:				

FORM CONTINUES OVER PAGE



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The Cairns Show has a variety of Volunteer positions available Prior To and During the Show. Please complete the form below. Should you require further information about our positions available, please contact the Show Office.

Please note: Volunteers may apply for multiple positions. Prior experience or skills aren't required however may aid you in your position. All Volunteers will receive a FREE one-day pass to the Show. If you're Volunteering over more than one day, you will receive a FREE three-day pass.

Section 3 – Volunteer Questions & Information	
Have you previously done any Volunteering?	🗆 Yes / 🗆 No
(If yes, please give an example):	
Do you prefer working Individually or in a Group?	
Do you have any skills, qualifications or licenses	🗆 Yes / 🗆 No
that may aid you in your Volunteering position?	
(If yes please give brief detail):	

Positions Available (please indicate which position you're interested in):

Stewards for Competitions	Horticulture, Photography.
Pre-Show Ticket Sales	Sell Show Tickets at our Earlville Shopping Town Ticket Booth (refer to
	Office for dates and times required).
Gate Guards	Manning entry Gates during Show to ensure authorised people and
	Visitors have appropriate Tickets/Passes.
Cleaners	Assistance with the cleanup of cages, pens, etc. Especially where animals
	are kept.
Gardening & Maintenance	Assist in the preparation of the grounds by weeding, planting flowers, or
	maintaining the grounds with the Grounds Crew.
Pre-Show Helpers	Assisting in the preparation of rooms, buildings, and display prior to
	Show.
Ushers	Escorting and directing exhibitors to the correct areas, etc.
Timekeepers	For races such as Pole Climbing. Using stop watches and accurate data
	recording.
Office Duties	Social media content, graphic design, printing, laminating, etc.
Parking Attendants	Ensuring vehicles parked have the appropriate Passes during Show.
Other (please give details):	

FORM CONTINUES OVER PAGE



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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.? (*If yes, please give brief detail*):

Section 5 – Privacy Statement & Declaration

Collecting & Holding Personal Information Statement: The information you provided on this application is for a Volunteer position with the Cairns Show and will be collected and held by the Cairns Show Association. This information is collected for the purpose of assessing your suitability for Volunteer work for the position agreed upon. 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.

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 and unable to make the agreed shift/s, I may be dismissed. I also understand that any false or misleading information given in Section 1, the medical portion of this form may result in my loss of entitlement for any compensation.

Full Name:		
Signature:	Date:	

PLEASE RETURN THIS COMPLETED FORM TO: reception@cairns-show.com

Please include any relevant licenses or qualifications such as a Blue Card.

