



# Mungart Boodja Art Centre

## Volunteer Application Form

Title \_\_\_\_\_ Given Name \_\_\_\_\_ Family Name \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/19\_\_ Occupation \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Relationship to contact \_\_\_\_\_

Phone number of contact (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

What is your home language? \_\_\_\_\_

**Please detail any medical conditions, allergies, disabilities or past injuries that may affect your participation:** (Please discuss separately if necessary).

**This information will be treated as confidential**

\_\_\_\_\_  
\_\_\_\_\_

Current Medication: \_\_\_\_\_

Dietary Requirements: (eg. vegetarian) \_\_\_\_\_

Special Skills / Qualifications: \_\_\_\_\_

\_\_\_\_\_

Do you have a current first aid certificate? YES / NO

### Conditions of Participation:

I agree to comply with the following terms and conditions that refer to my participation in all Mungart projects and activities:

1. I have notified Mungart Boodja Inc. of all relevant medical conditions and pre-existing injuries, and I consent to Mungart staff rendering or authorising such medical treatment as necessary and accept responsibility for all associated expenses.
2. I take full responsibility for my own welfare and will not hold the Mungart Boodja Art Centre liable for any injuries or accidents while acting as a volunteer.
3. I am a volunteer and not an employee of the Mungart Boodja Art Centre
4. I will not store illicit drugs on Mungart premises, project sites, vehicles or accommodation.
5. I shall respect the rights, feelings and property of others associated with Mungart Boodja projects.
6. I shall cooperate with Mungart Boodja staff to ensure a safe, happy and hygienic team environment.
7. My placement on all projects is at the discretion of the Mungart Centre staff and/or executive.
8. I will respect the rights of property owners on whose land I will be conducting volunteer projects.

I understand that failure to comply with any of these conditions may result in the Mungart Centre requesting me to leave the project.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

**Please Turn Over**

Do you have any of the following skills and how do you rate your skill (Please tick)

	NONE	FAIR	GOOD	VERY GOOD
Group Facilitation				
Project Management				
Grant Writing				
Office work - Filing				
- Library				
- Typing				
Computer - Database				
Skills - Email				
- Word Processing				
- Desktop publishing				
- Quick Books				
- Web Page Design				
Newsletter - Editorial/Reporting				
- Graphic Design or Art				
- Publishing				
- Printing				
Artist - visual				
- performing				
- Graphic				
Advertising / Promotion				
Photography				
Reporting				

What type of volunteer work do you prefer? \_\_\_\_\_

Would you like to remain as a registered Mungart Centre Volunteer? Yes / No

**Please return the completed form to the address or fax number below:**

Mungart Boodja Art Centre  
 PO Box 766  
 KATANNING WA 6317  
 Phone: (08) 9821 2836 (08) Fax: 9821 2546  
 Email: [mungart@mungartboodja.com](mailto:mungart@mungartboodja.com)