



1 - CONTACT INFORMATION

First Name: _____
 Last Name: _____
 Postal Address: _____
 City: _____ State:- _____ Post Code: _____
 Email Address: _____
 Day Time Phone: _____ After Hours Phone: _____
 Mobile: _____ Age Group: 15-17 18-30 31-50 51+ Gender:- _____

2 - EMERGENCY INFORMATION

Emergency Contact Person: _____
 Emergency Contact Person's Phone: _____
 Doctors Name: _____
 Doctor's Phone: _____
 Do you have any specific medical issues we should be aware of:

3 – RIVERFEST INVOLVMENT

Have you volunteered at Riverfest in past years?
 NO
 YES - in what area(s): _____
 Do you have a working with children card: YES No
 Do you have any relevant experience or skills that we can consider when referring you to a team leader?

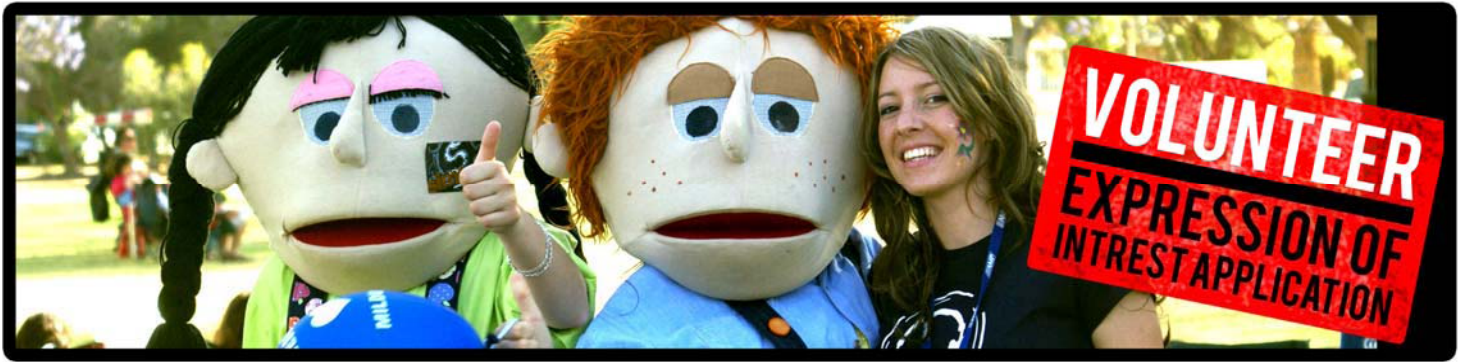
Will you be a full time or part time crew member?

PART Time – available for dedicated shift or day periods.
FULL Time – available to help all day/evening.

Which days are you available to help & for how long on that day?

		One Shift	All Day
Before Riverfest	Thursday 24 th	<input type="checkbox"/>	<input type="checkbox"/>
During Riverfest	Friday 25 th	<input type="checkbox"/>	<input type="checkbox"/>
	Saturday 26 th	<input type="checkbox"/>	<input type="checkbox"/>
	Sunday 27 th	<input type="checkbox"/>	<input type="checkbox"/>
After Riverfest	Monday 28 th	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____



ALL DONE!

If you completed this form on your computer you will need to save the file somewhere on your computer before you email it back.

- If a team leader/manager gave you this form please return it to your team leader/manager
- If the Riverfest Volunteer Office/Web site supplied you this form please post or email to:

Email: info@mgmf.com.au

Post: MGMF Riverfest
PO Box 4070
MILDURA, VIC, 3502

An Riverfest representative will contact you to discuss your expression of interest.