



Volunteer Information Form 2017

Name _____

Surname

First Name

Phone: _____ **Email:** _____ Are you a Student? **Y / N**

1. Have you volunteered before with WAPAE? Y / N

If Yes, what year / role? _____

2. Are you performing in the Eisteddfod? Y / N

If Yes, what discipline? _____

3. Are any of your immediate family performing? Y / N

If Yes, name and section? _____

4. Are you a performing arts teacher with students performing in this Eisteddfod? Y / N

If Yes, what discipline? _____

5. Availability (arriving 30mins prior) Green Room (dance week) 1 hour

Session Times:	Morning:	9.00am – 12.30pm	Mon	Tues	Wed	Thurs	Fri	Sat
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Afternoon:	1.30pm – 5.30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Evening:	7.00pm – 10.00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Role Preferences

Foyer Information Table	<input type="checkbox"/>	Printing Certificates	<input type="checkbox"/>	
Adjudicators Table:	Music <input type="checkbox"/>	Scribe (Dance Week)	<input type="checkbox"/>	Timer & Records <input type="checkbox"/>
Backstage ^(WWC Required)	Green Room <input type="checkbox"/>	Backstage Runner	<input type="checkbox"/>	Numbers Board <input type="checkbox"/>

Working With Children Number: _____ **Expires:** _____

7. Health and Safety

Is there anything we need to be aware of that may affect you while volunteering? eg: strobe lighting, stairs, restricted movement, etc.

8. Please nominate an emergency contact

Name: _____ Phone: _____

Signature: _____ Date: _____