

Volunteer Information Form – Milne Bay Military Museum



Please Print

Year Joined Milne Bay Military Museum Membership No

Title First Names Family Name

Street Address

Town Post Code

Work Phone Home Phone

Work Mobile Home Mobile

Work Email Home Email

Next of Kin Information

Title First Names Family Name

Street Address

Town Post Code

Work Phone Home Phone

Work Mobile Home Mobile

Work Email Home Email

Please tick if you have any of the following

Medical Details Form

<input type="checkbox"/> Fits <input type="checkbox"/> Faints/Turns <input type="checkbox"/> Diabetes 1 <input type="checkbox"/> Diabetes 2 <input type="checkbox"/> Asthma <input type="checkbox"/> Bronchitis <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Kidney Disorder <input type="checkbox"/> Heart Disorder <input type="checkbox"/> Blood Pressure <input type="checkbox"/> Cholesterol <input type="checkbox"/> Leukemia <input type="checkbox"/> Arthritis <input type="checkbox"/> Migraines	<input type="checkbox"/> Tetanus Booster Tetanus Needle Date <input style="width: 100px;" type="text"/> <input type="checkbox"/> Surgery Surgery Details <input style="width: 200px; height: 40px;" type="text"/> <input type="checkbox"/> Allergies Alergy Details <input style="width: 200px; height: 40px;" type="text"/> <input type="checkbox"/> Private Insurance Membership Details <input style="width: 500px;" type="text"/> Medicare No <input style="width: 100px;" type="text"/> <input type="checkbox"/> Ambulance Member	Treatment/Dosages <input style="width: 100%; height: 60px;" type="text"/> Notes: <input style="width: 100%; height: 100px;" type="text"/>
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Doctors Name Doctors Phone No

Please tick if you prefer to work in the following

<p>Aircraft Trades</p> <p>Engine Maintenance <input type="checkbox"/></p> <p>Engine Ground Running <input type="checkbox"/></p> <p>Airframe Maintenance <input type="checkbox"/></p> <p>Radio <input type="checkbox"/></p> <p>Instruments <input type="checkbox"/></p> <p>Welder <input type="checkbox"/></p> <p>Electrical <input type="checkbox"/></p> <p>Carpenter <input type="checkbox"/></p> <p>Joinery <input type="checkbox"/></p> <p>Painter <input type="checkbox"/></p> <p>Glazier <input type="checkbox"/></p> <p>Fabric Covering <input type="checkbox"/></p> <p>Photography <input type="checkbox"/></p>	<p>Driving Trades</p> <p>Transport Driver <input type="checkbox"/></p> <p>Tractor Driver <input type="checkbox"/></p> <p>Towing Vehicles <input type="checkbox"/></p> <p>Fork Lift Driver <input type="checkbox"/></p> <p>Crane Operator <input type="checkbox"/></p> <p>Recording</p> <p>Librarian <input type="checkbox"/></p> <p>Records <input type="checkbox"/></p> <p>Office Assistant <input type="checkbox"/></p>	<p>Other</p> <p>Milling Machinist <input type="checkbox"/></p> <p>Lathe Operator <input type="checkbox"/></p> <p>Metal Shaper <input type="checkbox"/></p> <p>Sheet Metal Worker <input type="checkbox"/></p> <p>Museum Operations</p> <p>Tour Guide <input type="checkbox"/></p> <p>Shop Sales <input type="checkbox"/></p> <p>Canteen <input type="checkbox"/></p> <p>Advertising Media <input type="checkbox"/></p> <p>Medal Mounting <input type="checkbox"/></p> <p>Executive Positions</p> <p>Curator <input type="checkbox"/></p> <p>President <input type="checkbox"/></p> <p>Vice President <input type="checkbox"/></p> <p>Secretary <input type="checkbox"/></p> <p>Treasurer <input type="checkbox"/></p> <p>Committee Member <input type="checkbox"/></p>
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Days preferred to work

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Relevant Work Experience

Position Held	Employer	Period	Full/Part-time	Activity/Responsibility

Academic Qualifications

Qual No	Qualification	Issuing Auth	Date of Issue	Course Major

INSURANCE INFORMATION FOR VOLUNTEERS/HONORARIES.

During your stay at the Museum, you will be covered by a Personal Accident and Illness Insurance Policy should you be injured while carrying out duties associated with your Honorary/Volunteer service.

For this insurance:.

...injury has the same meaning as the term 'injury' defined in the Work Cover Queensland Act 1996 as amended; and .

...Compensation will be in accordance with and equivalent to the benefits that would be paid to you had you been entitled to compensation under the Work Cover Queensland Act 1996 as amended.

If you are concerned and/or have reservations about the safety aspect of tasks you are asked to carry out, please bring this to the attention of your supervisor. It is our intention to ensure that your work environment is a safe place to operate. Please ask if you are in doubt.

Declaration.

I agree that if appointed, I will comply with all relevant policies and procedures of the Queensland Museum. I also agree that I have divulged any criminal convictions in a separate statement, attached hereto, and that a failure to do so may result in an appointment being withdrawn, or not made.

I have read and understand the information relation to Personal Accident and Illness – Volunteers. .

Signature of Applicant:

Date://.