



Volunteer Registration

Tab through form, enter detail, save document and email or fax or print & hand to Genevieve Lim.

Family Name:		First Name:		Title:	
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Days Available	29/9	30/9	1/10	2/10	3/10	4/10	5/10	Comments:
X in box:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Preference will be given to volunteers who can work 4+days of program for logistical reasons

Competition Duties	I have experience in these activities	I would like to be considered for these duties	Comments:
Scorer/Timer	<input type="checkbox"/>	<input type="checkbox"/>	
Competition software Operator (Engarde experience)	<input type="checkbox"/>	<input type="checkbox"/>	
First aid (qualified)	<input type="checkbox"/>	<input type="checkbox"/>	
Runner	<input type="checkbox"/>	<input type="checkbox"/>	
Media Officer (journalist – trainee)	<input type="checkbox"/>	<input type="checkbox"/>	
Sports Photographer	<input type="checkbox"/>	<input type="checkbox"/>	
Information Desk	<input type="checkbox"/>	<input type="checkbox"/>	
DT assistant	<input type="checkbox"/>	<input type="checkbox"/>	
Field of Play Assistant	<input type="checkbox"/>	<input type="checkbox"/>	
Catering	<input type="checkbox"/>	<input type="checkbox"/>	
Security	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment Control/Repair	<input type="checkbox"/>	<input type="checkbox"/>	

I have knowledge or experience in:	Refereeing <input type="checkbox"/>	Administration <input type="checkbox"/>	Cash Handling <input type="checkbox"/>
Others skills/abilities I can offer are:			

Work Hours/Work Type. (Remember, we will feed you!)	All Day is OK <input type="checkbox"/>	6 hour maximum <input type="checkbox"/>	Heavy Work is OK <input type="checkbox"/>	Light Work only please <input type="checkbox"/>	Comments:
Any medical or other conditions we should know about?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Tell us what we need to know, <i>just in case.</i>		



Home Address:			
Number:		Street:	
Suburb:		Postcode:	

Contacts:			
Email:		Phone:	
Mobile:		Fax:	

Emergency contact:			
Name:		Relationship:	
Phone:		Mobile:	

Shirt Size	Size Required	Available sizes			
Type in Box or use drop-down	Size	XXS	XS	S	M
		L	XL	2XL	3XL

Date of Birth If under 18 years	If less than 18 years of age your parent or guardian must sign this form giving their approval. You must be aged 13+ to volunteer for the Commonwealth Fencing Championships 2010				
Day/Day	Month/Month	Year/Year			

Code of Conduct	We as the organisers, and you as a volunteer, are entering into a mutual agreement to respect each others rights, responsibilities and obligations at CFC10. View these obligations from the Code of Conduct on the Volunteer page and check the box below. You must agree to the code to be eligible for CFC10.		
View/Download from Volunteers page at www.cfc10.org	I have read and understand and agree to abide by the CFC10 Volunteer Agreement (check box)		<input type="checkbox"/>

<i>The information I have provided in this registration is accurate to the best of my knowledge.</i>					
Signed:	You may provide a "signature" of application by inserting your email address or including a phone number in the signature space. We may email or SMS to confirm your application.				
	Date:	Day/Day	Month/Month	Year/Year	

Parental or Guardian approval Signed:	If Volunteer is under 18 years of age but over 13, a Parent/Guardian must give approval for this application by signing and dating below. Alternatively a Parent/Guardian may provide a statement of approval by email including a phone number for confirmation.				
	Date:	Day/Day	Month/Month	Year/Year	

Please return	By email or fax to:	Genevieve Lim Administration Director	Email: Genevieve Lim
	Further details from:		Mob: 0431 983 824
			Fax: (02) 9874 6168