



Volunteer Registration Form

FULL NAME:	
DATE OF BIRTH:	
ADDRESS:	
EMAIL:	
PHONE (H):	PHONE (M):
SKILLS & EXPERIENCE:	
ANY PREFERRED SECTION:	
DO YOU HAVE ANY MEDICAL CONDITIONS WHICH THE SHOW SOCIETY SHOULD BE AWARE?	
NEXT OF KIN (EMERGENCY CONTACT) NAME & MOBILE:	
PHONE (H):	PHONE (M):
PRIVACY STATEMENT: <i>Dubbo Show Society Inc.</i> respects the privacy rights of our members and volunteers and any data recorded on this form will be used for Show Society Purposes ONLY.	
Where volunteer is UNDER 18 years of age (to be signed by a parent or guardian):	
SIGNATURE:	DATE: