



## APPLICATION TO VOLUNTEER AT THE QUEENSLAND MUSEUM

1. APPLICANT DETA	AILS		
Title:			
Full Name:			
Address:			
Telephone:	Mobile:		Home:
E-mail:			
Are you under 18?	Y/N	Date of Birth	_/_/

## 2. VOLUNTEER OPPORTUNITIES

Please indicate organisational areas where you would like to be considered for volunteering opportunities

AREA OF INTEREST	Cobb+Co Museum, Toowoomba	The Workshops Rail Museum, Ipswich	Museum of Tropical Queensland, Townsville	Queensland Museum & Sciencentre, South Bank	Hendra Annexe
Visitor Services (Explainer, Education workshops)					N/A
Ancient Environments (Geology and Fossils)	N/A	N/A	N/A	N/A	
Loans ( Educational loans sent to schools)	N/A	N/A	N/A	N/A	
Natural Environments (Terrestrial & Marine Sciences)	N/A	N/A			N/A
Cultural Environments (Archaeology, Anthropology; History)	N/A				N/A
Heritage Trade Factory		N/A	N/A	N/A	N/A
Administration (Records, Finance Human Resources)	N/A	N/A	N/A		N/A
Marketing,& Communications					N/A
Exhibition Design & Delivery					N/A
Learning Programs					N/A
Hospitality		N/A	N/A	N/A	N/A

Additional areas of interest that are not outlined above:

# 3. RELEVANT QUALIFICATIONS / SKILLS / EXPERIENCE/ INTERESTS)

\* include your computer skills

Number of I	Hours per wee	ek:				
Preferred D	ays:					
Proposed S	tarting Date					
Duration in	Months					
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•	ooxes that apply)	3	<b>5</b> 5	3 - 3 - 3 - 3 - 3		3
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### 8 REFERENCES

Please supply contact details for two character referees. Referees will only be contacted after a proposed Volunteer has been interviewed for a placement.

	Referee 1	Referee 2
Name		
Relationship to You:		
Contact Details:	Ph:	Ph:

### 9 INSURANCE

All QM volunteers are covered by a *Personal Accident & Illness Insurance Policy* should you be injured while carrying out duties associated with your volunteer service. For this insurance:

- Injury has the same meaning as the term "injury" defined in the Workers' Compensation and Rehabilitation Act 2003; 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 Workers' Compensation and Rehabilitation Act 2003.

liancture of Applicants	Doto	
signature of Applicant.	 Date.	

Once completed and signed, please email or post this form to the Museum where you would like to volunteer. You can find the relevant postal and email addresses in the 'work for us' section of the museum web page – <a href="https://www.qm.qld.gov.au">www.qm.qld.gov.au</a>.

OFFICE USE ONLY					
Supervisor		Campus Director/Program Head			
Recommended:	□ Yes	□ No	Approved:	□ Yes	□ No
Signature:			Signature:		
Position/Section:			Campus/Program:		
Date:			Date		
Returned to Volunteer Coordinator and Database updated:					
Signature: Date://_					

The Queensland Museum collects applicant information for the purpose of establishing and maintaining recruitment records in line with standard human resources practices. Only authorised Museum staff have access to this information. In accordance with Queensland's privacy regime and it's 11 underpinning principles, your personal information will not be disclosed to a third party without your prior consent or unless authorised or required by law. Should you have any concerns in the future about how your personal information has/is been/being used, please contact the Museum's Privacy Coordinator on (07) 3840 7648.