



**Government
of South Australia**



**NATIONAL MOTOR MUSEUM
A U S T R A L I A**

VOLUNTEERS PROGRAM – APPLICATION FORM

Name: _____

Address: _____

Telephone: () _____ Email: _____

I would like to be a volunteer at the National Motor Museum because:

Academic/Trade qualifications: _____

Driver's License No: _____ Sighted: _____

Previous paid work or volunteer experience: _____

Skills: _____

Activities and interests: _____

I am able to volunteer for: _____ days per week _____ hours per week

Preferred days: _____

Any disability which may prevent me from undertaking some activities: _____

Contact in case of emergency: _____

_____ Telephone: () _____

Tick the space provided to indicate the type of volunteer work in which you may be interested.

- | | |
|---|--|
| <input type="checkbox"/> Research, including oral history work | <input type="checkbox"/> Coach Building |
| <input type="checkbox"/> Vehicle Restoration | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Photographic collection sorting | <input type="checkbox"/> Library work |
| <input type="checkbox"/> Helping at Functions/Moving Vehicles | <input type="checkbox"/> Grounds / Gardening |
| <input type="checkbox"/> Cleaning and domestic duties within Museum | |

Drivers Licence (if applicable for work undertaken)

Do you hold a current drivers licence? Yes
 No

What class licence do you hold? _____

Do you have any restrictions on this licence? Yes
 No

Would these restrictions prevent you driving National Motor Museum vehicles? Yes
 No

Have you been refused insurance cover by an insurance company? Yes
 No

(Note additional approval from Chief Executive Officer of History Trust of SA is required to drive any government or collection vehicle.)

Signature: _____ Date: _____

I acknowledge that the information provided is true and correct at this date. I will advise National Motor Museum of any restriction imposed upon my drivers licence conditions or if my capacity to drive a vehicle is limited.

Signature of Museum Representative : _____ Date: _____



**Government
of South Australia**



**NATIONAL MOTOR MUSEUM
A U S T R A L I A**

I _____

Confirm that I have read the History Trust of South Australia Volunteers Policy and that I agree to abide by it at all times.

I have also read and will abide by the following History Trust of South Australia and National Motor Museum policies:

- Code of Conduct;
- Equal Opportunity Policy;
- Prevention of workplace Harassment;
- Collection Policy;
- Use of Government Vehicles and Equipment Policy;
- Occupational Health and Safety Policies;
- Authority to represent – procedures for letters & purchases

Signed: _____

Date: ____/____/____

Division: _____