## BEGA A. P. & H. SOCIETY INC.

## **Bega Show**

## ABN 27 298 401 371

## **Volunteer Information**

Volunteers are asked to complete the details below and return to the Secretary.

We will keep you informed about upcoming events throughout the year by Email.

I wish to be a volunteer at the Bega Show and other potential events.

Full Name of Volunteer									
Address									
Phone No. (home)			Mobile						
Prefer	red Em	ail							
Are you over 18? Y			Ν	NO	Occup	ation			
Do you have?									
Υ	N	Working w	ith Children ID Number WWC#						
Y	N	RSA – Resp	oonsible Service of Alcohol – Required for Bar						
Y N First Aid Certificate									
Are you interested in a particular Section of the show? (Tick those that apply)									
Main Pavilion			Liv			Livestock/	ivestock/ Cattle		
Animal Nursery			Catering						
Gate/ Ticket Box						Bar (RSA R	equired)		
Show Ring						General As	sistant		
Please indicate any particular interest or skills you have that may benefit the Society:									
Signature of Volunteer:									

Please return completed form to:

The Secretary, Bega A.P. & H. Society Inc. P.O. Box 1060, Bega, NSW, 2550