

Ballina Visitor Information Centre

6 River Street | Ballina NSW 2478 | Phone 6686 3484 | Email balinfo@ballina.nsw.gov.au



Tourism Ambassador Volunteer Registration

Volunteers will be involved in a number of activities in the provision of information to visitors including: meet and greet visitors, information provision to visitors, ensuring displays are clean and tidy, refilling brochure stands, sourcing information to assist visitors, referring visitors to the Ballina Visitor Information Centre for accommodation and tour sales. There are three different roles/positions that are available, Roving and Visitor Desk Ambassadors positions both located at the Airport and also a Brochure Co-ordinator position at the Ballina Visitor Information Centre.

Shifts are approx. 2 hours in length with the Roving and Visitor Desk Ambassadors positions located at the Ballina Byron Gateway Airport located on Southern Cross Drive, Ballina. Weekend shifts are encouraged. Volunteers are required to sign on for each shift on your individual timesheets. Volunteers may also be required to assist at the Ballina Visitor Information Centre located at 6 River Street, Ballina during peak holiday seasons.

Please complete this form and return it to the Ballina Visitor Information Centre, PO Box 28, Ballina NSW 2478 or fax to 6686 0136.

1. I notify my interest to be considered a Volunteer of the Ballina Visitor Information Centre under the management of Ballina Shire Council.
2. I accept that the information in this application may be used by Ballina Shire Council for its use only.
3. I agree to support management of the Ballina Visitor Information Centre as required.
4. I understand that there will be Workplace Health and Safety requirements that I will need to observe in my volunteer capacity, and I agree to attend training as required.
5. I understand and will comply with the safety rules, code of conduct, confidentiality and privacy, recordkeeping and other conditions set down in Council policies and procedures are a condition of engagement.

Applicant Details:

Surname: Given Names:

Postal Address: Postcode:

Phone Number: Mobile: Email:

Availability (please circle):

Monday AM / PM | Tuesday AM / PM | Wednesday AM / PM | Thursday AM / PM | Friday AM / PM

Saturday AM / PM | Sunday AM / PM

What are your particular strengths and skills?

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Do you have any health issues which could affect your ability to perform tasks in a volunteer capacity?

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Print Name

Signature