

**LOWER CLARENCE MUSIC EISTEDDFOD 2025  
VOLUNTEER APPLICATION FORM**

After completing, please email form to Joy de Roos: joyderoos@yahoo.com.au OR  
mail to: PO Box 352, Maclean 2463

I would like to volunteer to assist: \_\_\_\_\_  
Yes / No

**VOLUNTEER NAME:** \_\_\_\_\_

**CONTACT DETAILS:** Phone No's: \_\_\_\_\_

Email address: \_\_\_\_\_

**Requested task(s): Please tick ✓ those of interest to you:**

Registration desk		Scribe		Competitor's Marshall	
Entry Desk		Raffle Desk		Canteen	
Compere		Baking		Writing Certificates	

**Day/s, Date/s and Session/s available:**

Day	Date	Session ( am / pm )
Saturday	21/6/25	
Sunday	22/6/25	
Monday	23/6/25	
Tuesday	24/6/25	
Wednesday	25/6/25	
Thursday	26/6/25	
Friday	27/6/25	
Saturday	28/6/25	

Working with Children Check Number: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Office Use only: Date received: \_\_\_\_\_ Signed: \_\_\_\_\_