

UMINA BEACH MEN'S SHED

Membership Application Form

First Name:	<input type="text"/>		
Surname:	<input type="text"/>		
Preferred Name (If applicable)	<input type="text"/>		
Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Address:	<input type="text"/>		
Suburb:	<input type="text"/>	Postcode:	<input type="text"/>
		State:	<input type="text"/>
Phone (Home):	<input type="text"/>	Mobile:	<input type="text"/>
EMAIL :	<input type="text"/>		

Next of Kin:	<input type="text"/>		
Relationship:	<input type="text"/>	Contact detail:	<input type="text"/>

Are you a Returned Defence Service Veteran? (Please Circle) YES/No

Do you identify yourself as a person of Aboriginal or Torres Strait Islander descent? YES/No

Have you been a member of a Men's Shed before making this application - Yes/No

if yes - Shed Name:

Approximate dates – Joined

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Left

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Skills Interests and Hobbies – Please list.

Have you done Volunteer Work in the past? - if yes, please provide details.

Physical or other Disabilities - which may affect your ability to operate machinery in a safe manner. Please provide details.

Medical position – This information will assist first aiders identify a problem should you suffer an episode while at the Shed. Having a medical condition is not exclusion from joining, but with awareness every possible precaution can be made to protect your wellbeing. For example: for heart condition, diabetes, high blood pressure, asthma.

Do you carry any special medical equipment and/or medications that we should know about?

Vaccinations

Have you had the Flu Vaccine? YES/No

If **YES**, please advise the last date.

Flu - Date received

Have you had the Covid-19 vaccines? YES/No

Do you have a covid vaccination certificate confirming you have received all vaccinations recommended by Health Authorities? If so, please **record the dates below** and show a copy of the Certificate to a committee member in the office and.

Covid-19

1st injection:

Last Booster:

Note: Health Authorities' restrictions, in place at any given time, may prevent non vaccinated members from attending the shed.

ARE YOU WILLING TO UNDERGO A WORKING WITH CHILDREN CHECK? YES/No

If yes, the following additional information is required:

Driver's License or Identity Card Number

Where born (Suburb or Town)

ARE YOU WILLING TO MAKE YOURSELF AVAILABLE FOR VOLUNTARY ROLES YES/No
NOTE:

- 1. All members must wear closed in footwear whilst attending activities within the Men`s Shed perimeter.**
- 2. No smoking or consumption of Alcohol is permitted within the Men`s Shed perimeter – a designated smoking area is available.**

PRIVACY NOTE:

Umina Beach Men`s Shed respects members' right to privacy. The information provided in this application form shall not be shared with any persons other than the committee without your prior consent except

- in case of a medical emergency affecting you, or
- required by legislation.

TERMS & CONDITIONS:

I agree to comply with

- the Constitution of the Umina Beach Men`s Shed and its Code of Conduct,
- the reasonable directions of a day supervisor appointed by the Committee, and
- Workplace Health and Safety regulations and principles.

I will respect the cultural and spiritual backgrounds of Shed Members and visitors and treat them with dignity.

I understand that I am required to advise the Committee of any health issues and/or medications that may affect my ability to operate machinery in a safe manner.

Applicant's signature:

Date

Membership fee paid in full: \$:

Date: Receipt No.