

# UMINA BEACH MEN'S SHED

## Membership Application Form

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

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

  

Left

**Trades, 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 responders 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. Eg Ventolin or Angina medication?

**Vaccinations**

**Have you had the Flu Vaccine? YES/No**

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

**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 – at this point smoking is allowed in the car park.**

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**

*For Office use*

Membership fee paid in full: \$ :

Date:  Receipt No.