

**2018 ActewAGL Royal Canberra Show
STEWARDS CONTRACT
Art Exhibition Section**

Chief Executive Officer
RNCAS
P O Box 124
MITCHELL ACT 2911

I _____ of _____
Name Address

am **able/unable** to accept the position of Information Booth Steward. Please indicate your preferred time block.

You are welcome to volunteer for more than one shift per day and all five days of the Show and set up and pack down.

Please number your available times – if available for more than one day or time slot please number the times in order of preference.

Set Up

<u>Wed 21 February</u>	<u>Thurs 22 February</u>
8:00am – 12 noon <input type="checkbox"/>	2pm – 6.30pm <input type="checkbox"/>
12 noon - 4:00pm <input type="checkbox"/>	
4.00pm – 6.30pm	

Event and Bump Out

<u>Fri 23 February</u>	<u>Sat 24 February</u>	<u>Sun 25 February</u>	<u>Mon 26 February</u>
9:00am – 1pm <input type="checkbox"/>	9:00am – 1pm <input type="checkbox"/>	9:00am – 1pm <input type="checkbox"/>	8:00am – 1pm <input type="checkbox"/>
1pm – 4pm <input type="checkbox"/>	1pm – 4pm <input type="checkbox"/>	1pm – 4pm <input type="checkbox"/>	1pm – 4pm <input type="checkbox"/>
4pm-7pm <input type="checkbox"/>	4pm-7pm <input type="checkbox"/>	4pm-7pm <input type="checkbox"/>	

How many days would you like to volunteer 1 2 3

Contact Phone Number:.....(hm/wk)..... (mob)

Email:

Signature

Date:

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If under 18 years as at 23 February 2018, parent/guardian must sign form.

Parent/Guardian:

Signature:

Office Use Only

Ticket Required: Yes No Ticket Required: 1 Day 3 Day
Ticket Number:

VOLUNTARY WORKERS ACCIDENT INSURANCE POLICY SCHEDULE

INSURED: Royal National Capital Agricultural Society

POLICY NUMBER: AS A023241 PAD

INSURER: QBE Insurance (Australia) Ltd

INSURED PERSONS: All Authorised voluntary Workers

AGGREGATE LIMIT OF LIABILITY: \$2,000,000

AGE LIMIT: 12 to 80

INJURY ASSISTANCE EXPENSES: It is hereby declared and agreed that should an Insured Person be a non-income earner, the Benefit under "injury Assistance" is provided to a maximum of \$300 per week, and is payable upon receipts furnished by the insured. **ENDORSEMENT:** In respect to Temporary Total Disablement where a voluntary worker is injured whose income is less than \$500 per week, the injured person may receive as an alternative reimbursement up to 85% of expenses to a maximum of \$500 per week for the period of disablement up to 52 weeks for actual wages paid to a third party (not being a member of the injured workers immediate family) employed to carry out the work normally undertaken by the injured person. The injured person must advise before the commencement of any compensation which alternative he/she wishes to accept, and supply supporting documentation for reimbursement calculation will apply. This endorsement shall not apply to household duties.