



Mount Isa Agricultural Show Society Inc.

Pavilion Volunteers Tender



Please return tender document to:

mountisashow@gmail.com

By 31st March

Mount Isa Agricultural Show Society Tender Application

Name of Organisation: _____

1st Contact Person: _____

2nd Contact person: _____

Address: _____

Contact Phone No: _____

Contact Email Address: _____

Tender For Pavilion Volunteers

Proposed \$ Amount _____

I/We have read the description of the tender information & submit the above amount to complete the duties as described.

I/We acknowledge that we have the appropriate insurance to indemnify The Mount Isa Agricultural Show Society Inc.

I/We agree to abide by all occupational workplace Health & Safety standards

Signature: _____

Name: _____

Date ____/____/____

PAVILION VOLUNTEER

Tender Information

- The Mount Isa Agricultural Show Society (MIASS) requires at least FOUR (4) people at all times to monitor the Pavilion and it's displays and show a presence within the Xstrata Entertainment Centre Pavilion
- A maximum of TWENTY FOUR (24) Mount Isa Show Volunteer Passes will be made available
- Two (2) Weeks prior to the Mount Isa Show weekend, a roster and list of names of volunteers are to be given to MIASS & Volunteer wrist bands will be issued (See attached Volunteer Sign on Record Form)
- The volunteers must abide by Occupational Health & Safety Standards at all times, and must wear appropriate PPE.
- The successful applicant will meet with the Executive Committee of MIASS to address any concerns or clarification required by either party.
- Successful applicant must supply The Mount Isa Agricultural Show Society with a Tax invoice clearly showing the name of the organisation & bank account details for payment.
- The Mount Isa Agricultural Show Society will only pay by electronic transfer.

Thank You for your tender, if you require any further information, please contact the Mount Isa Agricultural Show Society on 0409 877 156 or via mountisashow@gmail.com

Mount Isa Agricultural Show Society
Volunteer Sign On Record Form

Name: _____ Phone: _____

Dates: _____

Start time: _____ Finish time: _____

Area of show: _____

Signature: _____

Name: _____ Phone: _____

Dates: _____

Start time: _____ Finish time: _____

Area of show: _____

Signature: _____

Name: _____ Phone: _____

Dates: _____

Start time: _____ Finish time: _____

Area of show: _____

Signature: _____

Name: _____ Phone: _____

Dates: _____

Start time: _____ Finish time: _____

Area of show: _____

Signature: _____