



VOLUNTEER APPLICATION FORM

Date of Application: _____

Personal Details:

Title/Rank: (Dr/Mr/Ms Miss/Military) _____ Date of Birth: _____

Given Name: _____ Surname: _____

Street Address: _____

Suburb: _____ Postcode: _____

Phone (AH): _____ Mobile : _____

E-mail Address : _____

Emergency Details:

Emergency Contact Name: _____

Relationship to you: _____ Contact Phone: _____

Areas of Interest:

Customer Service	Office	Tour Guide	Collection	Gardening	Maintenance	Cleaning	Restoration

Please list any relevant volunteer, work experience and/or military experience you have:

Please list any relevant education or training you have:

Please list any other relevant skills you may have (eg: Languages):

Briefly explain why you wish to Volunteer:

Please list any health limitations you may have:

How often are you available? (i.e. weekly, fortnightly/other)

Is your volunteering at the Museum likely to be more than 3 months? _____

The number of day/days you will be available: _____

When are you able to begin volunteering? _____

Will you be willing to undergo a police check if required?

Yes No

Availability:

Please indicate on the table below which days and times you would most likely be available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Please list two non-family Referees whom we may contact.

Name: 1. _____ 2. _____

Relationship: _____

Day Time Phone No: _____

For Ex-Service Volunteers:

Service: _____ **Years Served:** _____ **Corps:** _____

Office Use Only:

Contacted: Yes / No

Interview: Yes / No

Training Required: Yes / No

Induction: Yes / No

Start Date: _____