

**VOLUNTEER - REGISTRATION OF INTEREST**

<b>Full Name:</b>			
<b>Phone No.</b>		<b>Mobile:</b>	
<b>Email:</b>			
<b>Street Address:</b>	<b>Mailing Address:</b> (Same as Street Address <input type="checkbox"/> )		
<b>Line 1:</b>	<b>Line 1:</b>		
<b>Line 2:</b>	<b>Line 2:</b>		
<b>Suburb:</b>	<b>Suburb:</b>		
<b>State:</b>	<b>Postcode:</b>	<b>State:</b>	<b>Postcode:</b>

<b>Gender:</b>	<b>Male</b> <input type="checkbox"/>	<b>Female</b> <input type="checkbox"/>
<b>Age Group:</b>	<input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+	
<b>Blue Card:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Expiry</b> / /

**Areas you are interested in working as a Volunteer (*please tick all the apply*):**

<b><u>Office Support</u></b>	<b><u>Practical Support</u></b>	<b><u>Events</u></b>
Admin <input type="checkbox"/>	Cleaning <input type="checkbox"/>	Selling merchandise <input type="checkbox"/>
Database mailing <input type="checkbox"/>	Meals <input type="checkbox"/>	Selling raffle tickets <input type="checkbox"/>
Answering phones <input type="checkbox"/>	Gardening <input type="checkbox"/>	General event assistance <input type="checkbox"/>
	Babysitting <input type="checkbox"/>	Public Relations <input type="checkbox"/>

**Availability (*Please tick all that apply*):**

**Monday**     **Tuesday**     **Wednesday**     **Thursday**     **Friday**   
**Saturday**     **Sunday**   
**Morning**     **Afternoon**     **Evening**

**Referees (*two required*):**

<b>Referee 1</b>	
<b>Full Name:</b>	
<b>Phone No:</b>	<b>Email:</b>
<b>Referee 2</b>	
<b>Full Name:</b>	
<b>Phone No:</b>	<b>Email:</b>

*The Foundation has Public Liability Insurance to cover volunteers.  
 Please return the completed form via fax 07 / 5476 7046 or to the address below.*

