

Port Stephens Koalas Volunteer Application Form



Volunteer Contact Information:

SURNAME..... FIRST NAMES.....

ADDRESS..... POST CODE.....

MOBILE..... HOME NUMBER

EMAIL.....

DATE OF BIRTH..... DRIVERS LICENCE.....

Emergency Contact Information:

SURNAME..... FIRST NAME.....

MOBILE..... WORK or HOME PHONE.....

SUBURB.....

Availability:

MON to TUE..... to..... WED.....to..... THUR.....to.....

FRI.....to..... SAT.....to..... SUN.....to.....

Frequency:

Daily Weekly Fortnightly Monthly

Areas of Interest:

- Rescue Maintenance Education Fundraising
- Care Administration IT Photography
- Leaf collection Marketing Submissions Habitat conservation

Relevant Skills, Education, Career and/or Experience:

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Please Answer the Following Questions:

1. Are you aware of any allergies, injuries, diseases, health restrictions (physical and/or mental), immune deficiencies or any disabilities which may affect you or your competency in performing the duties of this position? Yes No.

If yes, please provide details.

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These details are to ensure your safety whilst volunteering for PSK and to assist with providing quality training for each volunteer.

2. Reason for volunteering:

Personal fulfilment.

To meet study requirements; please provide name of the course and the institution.....

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Other (please describe).....

PSK volunteers are required to obtain a Working With Children Clearance (it's free).

Sign below to indicate your consent to this requirement and to verify that the information you have provided in this application is true and accurate:

Return form by email to portstephenskoalas@gmail.com or post to

Port Stephens Koalas, PO Box 60, Anna Bay NSW 2316

Office Use Only

Date application received:

Received by:

Check membership has been paid:

Date(s) applicant contacted by PSK:

Invited to Induction by email/phone

Date..... Time Location.....

Conducted by:

Notes: