



PORT STEPHENS KOALAS VOLUNTEER APPLICATION FORM

VOLUNTEER CONTACT INFORMATION		AVAILABILITY (indicate times)	
SURNAME:	FIRST NAME:	MON	to
ADDRESS:		TUE	to
POSTCODE:		WED	to
EMAIL: *		THU	to
*Please note Email is essential for volunteers to be invited to participate in activities		FRI	to
WORK/HOME PHONE:		SAT	to
MOBILE:		SUN	to
DOB:		FREQUENCY (tick)	
DRIVERS LICENCE NO:		DAILY	<input type="checkbox"/>
EMERGENCY CONTACT INFORMATION		WEEKLY	<input type="checkbox"/>
SURNAME:		FORTNIGHTLY	<input type="checkbox"/>
FIRST NAME:		MONTHLY	<input type="checkbox"/>
MOBILE:		AREAS OF INTEREST (tick all applicable)	
WORK OR HOME PHONE:		Rescue	Maintenance
SUBURB:		Care	Fundraising
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? (circle answer)	Yes	Administration	Promotional events
	No	Rescue Phone Operator	Habitat Conservation
If yes, please provide details:		Report writing	Leaf Collecting
		Education	IT skills
RELEVANT SKILLS, EDUCATION, CAREER AND/OR EXPERIENCE			
REASON FOR VOLUNTEERING: (tick applicable)			
Personal fulfilment	<input type="checkbox"/>	Meet study requirements (course & institution)	<input type="checkbox"/>
<i>Other, please describe</i>			
PSK Volunteers are required to obtain a Working With Children Check (it's free). Sign here to indicate your consent to this requirement and to verify that the information you have provided is true and accurate: _____ WWC No: _____ Expiry: _____			
Please return form by email to training@portstephenskoalas.com.au or post to Port Stephens Koalas, PO Box 60 Anna Bay NSW 2316			
OFFICE USE ONLY			
Date Application Rec'd:		Application Rec'd by:	
Check Membership Paid:		Date(s) Applicant contacted by PSK:	
Invited to Induction: Date:	Time:	Location:	
Conducted by:			
Notes:			