



# PORT STEPHENS KOALAS VOLUNTEER APPLICATION FORM

<b>VOLUNTEER CONTACT INFORMATION</b>		<b>AVAILABILITY</b> (indicate times)	
SURNAME:	FIRST NAME:	MON	to
ADDRESS:		TUE	to
SUBURB / POSTCODE:		WED	to
EMAIL: *		THU	to
<i>*Please note - Email is essential for volunteers to be invited to participate in activities</i>		FRI	to
WORK/HOME PHONE:		SAT	to
MOBILE:		SUN	to
DOB:		<b>FREQUENCY</b> (tick)	
DRIVERS LICENCE NO:		DAILY	<input type="checkbox"/>
<b>EMERGENCY CONTACT INFORMATION</b>		WEEKLY	<input type="checkbox"/>
SURNAME:	FIRST NAME:	FORTNIGHTLY	<input type="checkbox"/>
SUBURB / POSTCODE:		MONTHLY	<input type="checkbox"/>
MOBILE:		<b>AREAS OF INTEREST</b> (tick all applicable)	
WORK / HOME PHONE:		Rescue	Maintenance <input type="checkbox"/>
NOK RELATIONSHIP:		Care	Fundraising <input type="checkbox"/>
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? <b>(circle answer)</b>	Yes	Administration	Promotional events <input type="checkbox"/>
	No	Rescue Phone Operator	Habitat Conservation <input type="checkbox"/>
<i>If yes, please provide details:</i>		Report writing	Leaf Collecting <input type="checkbox"/>
		Education	IT skills <input type="checkbox"/>
<b>RELEVANT SKILLS, EDUCATION, CAREER AND/OR EXPERIENCE:</b>			
<b>REASON FOR VOLUNTEERING:</b> (tick applicable)			
Personal fulfilment <input type="checkbox"/>	Meet study requirements (course & institution) <input type="checkbox"/>		
<i>Other, please describe</i>			
<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:</i>			
Signature: _____	WWC No: _____	Expiry: _____	
<b>UNDER 18 YEARS:</b>			
PARENT / GUARDIAN NAME & ADDRESS:			
PARENT / GUARDIAN SIGNATURE:			
Please return form by email to <a href="mailto:volunteer@portstephenskoalas.com.au">volunteer@portstephenskoalas.com.au</a> or post to Port Stephens Koalas, PO Box 60, Anna Bay NSW 2316			
<b>OFFICE USE ONLY</b>			
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:			