

Migrant Resource Centre (Southern Tasmania) Inc
Expression of Interest in Volunteering
APPLICATION FORM



The information asked of you in this form will help us become familiar with your interests. This information is privileged and confidential and is kept on file for our records only.

Surname:..... Given Names:.....

Mr/Ms/Mrs : *(please circle)*

Address:.....

Suburb :..... Postcode.....

Phone:..... (w) (h) Mobile:

Male/Female : Email Address :

Do you have your own car and current licence? Yes No

Are you willing to transport others? Yes No

Are you currently: employed retired student
Unemployed home duties other

Age group: 18 or under 19-25 26-35 36-45
46-55 56-65 66+

Language/s spoken other than English:.....

Country of birth:.....

Reasons for volunteering with the MRC:
.....
.....

Experience and skills :
.....
.....

Interests:
.....
.....

When would you be available to volunteer?

Day time Evenings Weekends School Holidays
Weekly Fortnightly From time to time as needed

How did you first find out about volunteering with the MRC?

Advertising Referral (organisation)
Word of mouth Other

TO BE COMPLETED ON SELECTION

Do you have a medical condition that may restrict you in any activities that we may ask you to do? Yes/No

If yes, please give information

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EMERGENCY CONTACT:

Name of Next of Kin : Relationship :

Address :

Telephone Contacts :

I AGREE TO ABIDE BY THE TERMS AND CONDITIONS OF THE MRC VOLUNTEER POLICIES AS OUTLINED IN THE INTERVIEW PROCESS.

Applicant's Signature:

Date:.....