

Moon Lantern Festival 2010

VOLUNTEER APPLICATION FORM

PERSONAL DETAILS	
Full Name	
Address	
Email Address	
Phone	
<i>Is there anything that we should be aware of ? (ie. medical condition, special access requirements etc)</i>	

WHICH POSITION/S ARE YOU APPLYING FOR?	
<input type="checkbox"/>	MLF Administration Assistant
<input type="checkbox"/>	MLF Publicity Officer
<input type="checkbox"/>	MLF Lantern Workshop Coordinator
<input type="checkbox"/>	MLF Installation Assistant

AVAILABILITY			
<input type="checkbox"/>	Monday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<input type="checkbox"/>	Tuesday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<input type="checkbox"/>	Wednesday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<input type="checkbox"/>	Thursday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<input type="checkbox"/>	Friday	<input type="checkbox"/> AM	<input type="checkbox"/> PM

WHERE DID YOU FIND OUT ABOUT MLF VOLUNTEER ROLES?		
<input type="checkbox"/> Arts Hub	<input type="checkbox"/> Local Newspaper	<input type="checkbox"/> Worker at NRCH
<input type="checkbox"/> Infoxchange	<input type="checkbox"/> Volunteering Victoria	<input type="checkbox"/> Friend
<input type="checkbox"/> Flyer/Sign	<input type="checkbox"/> Go Volunteer	<input type="checkbox"/> Other

PLEASE PROVIDE A REFEREE:	
Name	
Relationship to you	
Organisation	
Phone	

EMERGENCY CONTACT PERSON	
Name	
Relationship	
Phone	

OTHER	
<input type="checkbox"/>	I am attaching my resume
<input type="checkbox"/>	I consent to a Police Check and a Working with Children's Check, if required
<input type="checkbox"/>	I have read the position description and understand the duties and requirements of my role

Signature	
Date	

<p>PLEASE RETURN COMPLETED FORM TO:</p> <p>Selma Sali, Volunteer Program Co-ordinator</p> <p>North Richmond Community Health Ltd, 23 Lennox Street, Richmond 3121</p> <p>Ph: 9420 1326 Fax: 9428 22 69</p> <p>Email: selmas@nrch.com.au www.nrch.com.au</p>	
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