



Volunteer Registration Form

Personal details

First Name Surname

Address Postcode

Email

Phone (H) (M) Age

Do you have a current drivers licence? Y / N

If YES what type of drivers licence?

Do you have a First Aid Certificate? Y / N

If YES what level First Aid Certificate?

Emergency contact details

Please provide information of the person you wish for us to contact in case of emergency.

Name (& relationship) Phone

Medical Conditions & Special Needs

Please provide information on any medical conditions or special needs.

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I am interested in volunteering in the following areas: (please circle)

Production Administration Marketing Special Events

All of the above Other (please specify)

I am especially interested in volunteering in the following projects: (please circle)

Holiday Workshops Off the Couch Royal Show WOMAdelaide

All of the above Other (please specify)

When are you available to work? (please tick)

Month	Days		Time			
	Weekdays	Weekends	Mornings	Afternoons	Evenings	Late Shifts
October 2007						
November 2007						
December 2007						
January 2007						
February 2008						
March 2008						
April 2008						
May 2008						
June 2008						
July 2008						
August 2008						
September 2008						

Please list any relevant skills and/or experience

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Please state why you would like to volunteer at Carclew Youth Arts

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