

TRANSPLANT AUSTRALIA VOLUNTEER APPLICATION FORM

Thank you for applying to be a volunteer with Transplant Australia! We love working with our community and the work we do could not be achieved without the generosity of our volunteers, so thank you!

To register your interest please:

- 1. Fill in each field on this form.
- 2. Save the completed document to your computer.
- 3. Email the completed form to ian.atkin@transplant.org.au. If you would like more information please call our National Office on 1800 827 757. Please note our National Office is located in Sydney and office administration tasks would be carried out there.

| CONTACT | DETAIL C | | | |
|-----------------------------|------------------------------------|--|----------------------------|--|
| CONTACT DETAILS | | | | |
| Name: | | | | |
| Email: | | | | |
| Phone: | | | | |
| State: | | | | |
| | OLU D LUVE TO ACCICT | | | |
| AREA I WOULD LIKE TO ASSIST | | | | |
| | Office administration: | | Media/PR | |
| | Events: | | Internship | |
| | Raise funds: | | Fundraising administration | |
| | Australian Transplant Games: | | | |
| | | | | |
| FREQUENCY | | | | |
| | Please call on me when I'm needed: | | | |
| | Weekly: | | | |
| | Fortnightly: | | | |
| | Once a month: | | | |





| AVAILABILITY | | | | |
|--|----------------------------------|--|--|--|
| Monday: | Friday: | | | |
| Tuesday: | Saturday: | | | |
| Wednesday: | Sunday: | | | |
| Thursday: | | | | |
| | | | | |
| SIGNIFICANT SKILLS | | | | |
| Competent using computers | Experience working with children | | | |
| Confident answering phones | Medical background/knowledge | | | |
| Able to help with setting up at events | Nutritional/exercise background | | | |
| Speak another language | Able to lift heavy objects | | | |
| | | | | |
| Other | | | | |
| | | | | |
| HOW DID YOU HEAR ABOUT US? | | | | |
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| ANYTHING ELSE THAT WE SHOULD KNOW? | | | | |

Thanks again – we will be in touch within 2 weeks to see how we can work together!

