

Volunteer Application Form

Thank you for your interest in volunteering for the Royal Children's Hospital Good Friday Appeal. Since 1931, the Good Friday Appeal has been the conduit for public contributions to the Hospital and has been extremely fortunate to have the involvement of thousands of volunteers, giving generously of their time and talents. Please fill in this application to give us an outline of where your special skills would be best utilised.

*****IMPORTANT INFORMATION*****

Please read carefully before filling in this application form

Volunteer Selection Procedure

Each year volunteers from the previous year are automatically invited back to offer their services again for the coming Appeal. Once these volunteers have replied and we know the vacancies that need to be filled we then refer to our waiting list to fill those vacancies. The Good Friday Appeal will endeavour to generate opportunities for people on the waiting list.

We will keep your details on file for 2 years only, therefore it is up to you to keep us updated of any changes to your contact details and whether or not you wish to remain on the list.

Application Form Instructions

Please complete this form in ***your own hand writing*** and return to the Appeal by fax or post.

<p><u>By Fax</u></p> <p>Attention: Volunteer Coordinator. 03 9292 2650</p>	<p><u>By Post</u></p> <p>Attention: Volunteer Coordinator Good Friday Appeal PO Box 14744 Melbourne VIC 8001</p>
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Personal Details

Date of Application: ____/____/____

First Name:

Surname:

Postal Address:

Suburb:

Postcode:

Work Phone:

Home Phone:

Mobile:

Email:

Age Group*: 18-25 26-35 36-45 46-55 56-65 66 and over

** Optional, however please note that some positions carry age restrictions * Volunteers must be over 18*

Please answer a few questions on the following page...

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