



Volunteer Application Form

Title: _____ Name: _____

Address: _____

Telephone number/s Home: _____ Work: _____

Mobile: _____

Email Address: _____

Date of Birth: _____

Area/s of interest (please tick which are of the most interest to you)

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Raffles | <input type="checkbox"/> Functions |
| <input type="checkbox"/> Merchandise Sales | <input type="checkbox"/> Auctions |
| <input type="checkbox"/> Collectors / Tins / Donation Boxes | <input type="checkbox"/> Ceremonies |
| <input type="checkbox"/> Administrative Support | |

Do you have any qualifications that are relevant to this application? Please list

Volunteers are encouraged to become a member of the Foundation. A membership application form can be downloaded from the "Join Us" page of the website at www.heartlungtransplantfoundation.org.au or you can contact the Foundation Secretary on 0434 547 845 or email info@heartlungtransplantfoundation.org.au

Please read the following and sign where indicated.

I agree to abide by the Constitution of the Heart & Lung Transplant Foundation WA Inc and will conduct myself appropriately at all times. I will endeavour to be reliable, however if I am unable to fulfil my commitments on the given day I will give 24 hours notice of my absence.

Signed: _____ Date: _____

Print Name: _____