

## **VOLUNTEER APPLICATION AND PROFILE**

SURNAME:
GIVEN NAME/S:
ADDRESS:
DATE OF BIRTH:
HOME PHONE:MOBILE
EMAIL
EMERGENCY CONTACT:
REASON FOR VOLUNTEERING
PREVIOUS WORK EXPERIENCE:
FIRST AID CERTIFICATE: YES Expires NO
DO YOU HAVE ANY HEALTH PROBLEMS WHICH MAY AFFECT YOUR ABILITY TO WORK?

VOLUNTEER TASKS: Supporting the town by recommending services/ information to public (members first), referrals for accommodation and activity providers. Sell Premier bus tickets, souvenir retail service, general administration and housekeeping duties. Please note that you may be required to use your own vehicle to attend 'Famils'.

NOTE: THE CENTRE DOES NOT PROVIDE TOILET FACILITIES OR PARKING PERMITS.

AVAILABILITY: MON. TUE. WED. THUR. FRI. WEEKENDS

AM/PM AM/PM AM/PM AM/PM AM/PM

I confirm that I have read and understand the information set out in the Volunteer Handbook and will supply my services on a voluntary basis according to those Volunteer Guidelines. I am willing to attend training, "Famils" and information sessions or meetings as required.

To the best of my knowledge, the information supplied is correct. I understand the above information may be referred to the Committee of Merimbula Tourism Incorporated.

SIGNED:	DATE:
---------	-------

## FOR OFFICE USE ONLY:

## **INITIAL TRAINING SCHEDULE**

DAY	DATE	TRAINER	COMMENT	SIGNATURE
DAY 1				
DAY 2				

## **EXTRA TRAINING REQUIRED**

DAY	DATE	TRAINER	TYPE OF TRAINING	SIGNATURE
DAY 1				
DAY 2				
DAY 3				
DAY 4				
DAY 5				