



## VOLUNTEER APPLICATION FORM

### Contact Information

Name	
Street Address	
City - Post Code	
Home Phone	
Mobile Phone	
Email Address	
Date of Birth	

### Age Group:

15 – 75

75+

### Availability

During which hours are you available for volunteer assignments?

Weekday mornings

Weekend mornings

Weekday afternoons

Weekend afternoons

Weekday evenings

Weekend evenings

### Areas of Interest

Tell us in which areas you are interested in volunteering

#### MACS

Administration

Events

Fundraising

Newsletter Production

Volunteer Coordination

Website

#### Festival Volunteer

Stall Liaison

Ground Crew

Entertainment/ Stage Crew

Meet and Greet

Survey Collectors

Children's Area

### Special skills or qualifications

Please summarize any special skills and qualifications you have acquired from employment, previous volunteer work or through other activities, including hobbies or sports

--



Multicultural Association of Caboolture Shire Inc  
PO Box 583  
Caboolture QLD 4510



## Previous Volunteer Experience

Please summarize any previous volunteer experience

--

Do you hold a current Blue Card?

Y / N

## Person to notify in case of Emergency

Name	
Street Address	
City – Post Code	
Home Phone	
Mobile Phone	
Email Address	

## Agreement and Signature

By submitting this application, I confirm that the facts set out above are true and complete. I understand that if I am accepted as a volunteer, any false statement, omissions or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (Printed)	
Signature	
Date	

## Our Policy

It is the policy of the Multicultural Association of Caboolture Shire Inc to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual preference, age or disability.

Thank you for completing this application form and for your interest in volunteering with us.