



Volunteer Application Form

Name: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Age: _____
(if under 18 years)

Emergency contact name: _____

Emergency contact number: _____

Please indicate your level of knowledge/experience with the following:

	No experience	Need some help	Able to work unsupervised
Customer service			
Good Telephone Skills			
Money handling/EFTPOS			
General filing			
Using a PC			
Microsoft Word			
Emails-Writing/Filing			
Microsoft Excel			
Event Coordination			

Do you have any medical conditions or disabilities requiring special consideration?

Do you have any skills that have not already been mentioned?

Please indicate the times you are available to volunteer by shading in the time blocks below:

AM/PM	Monday	Tuesday	Wednesday	Thursday	Friday
9AM-1PM					
or					
12PM - 4PM					

Do you have a resume? Yes – please include with this application

No

All information collected on this form is treated in confidence and will be used for the sole purpose of assessing suitability for voluntary work at Coast FM. As such, your information is only shared with people directly involved in these assessments.

Declaration

I wish to apply for voluntary work at Coast FM and understand that all volunteers must be a current voting member of the station. I understand Volunteers may be subject to criminal history checking and agree to Coast FM conducting any checks required. I understand that this is an application for voluntary work and I am prepared to contribute my skills to Coast FM voluntarily, with no expectation for remuneration. If my application is successful, I will undertake all tasks to the best of my ability and abide by the policies, guidelines and procedures of Southern & Western Community Broadcasters Inc. (Coast FM)

Signature

Name

Date