XYZ Registry Week

Volunteer Registration Form

Please return by <Day> <date> <month>, 2016

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Availability** (The training on Monday is mandatory. To ensure continuity we also ask that you be available for each morning on the Tuesday, Wednesday and Thursday):

Monday 11th April 2016 – Training (3 hours) 3pm – 6pm

Tuesday 12th April 2016 – 4.30am – 8:30am

Wednesday 13th April 2016 – 4.30am – 8:30am

Thursday 14th April 2016 – 4.30am – 8:30am

Friday 15th April 2016 –Community Feedback (1.5 hours) 7:30 am – 9am

Do you have any medical or other condition that may affect your ability to volunteer? Yes / No

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirm you are aged over 18**:** Yes/ No

If you are employed:

Organisation Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your employer aware of your participation?

Yes

No

Other/Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please return to XYZ Project Coordinator, Bob McBobbles*

[bobmcbob@bobble.org.au](mailto:bobmcbob@bobble.org.au) or fax to (02) 1234 5678

For further information or to register over the phone, please call 1800 xxx xxx

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