



# Volunteer Application Form

**Full Name:** \_\_\_\_\_

**Postal address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Phone/mobile:** \_\_\_\_\_

**Why do you want to become a volunteer with Oz Kiwi?**

Please state why you want to become a volunteer:

  
  
  
  
  
  
  
  
  
  

**Have you had previous volunteer roles in not for profit groups?**  Yes  No

If 'yes', please list them below:

**Organisation:** \_\_\_\_\_

**Role:** \_\_\_\_\_ **Duration:** \_\_\_\_\_

**Organisation:** \_\_\_\_\_

**Role:** \_\_\_\_\_ **Duration:** \_\_\_\_\_

Please provide any further details of your roles with not for profit groups:



Please check the box below to indicate the skills you have to offer Oz Kiwi:

- |  |  |
|--|--|
| <input type="checkbox"/> Advocacy work           | <input type="checkbox"/> Fundraising Coordinator |
| <input type="checkbox"/> Marketing/Communication | <input type="checkbox"/> Media liaison           |
| <input type="checkbox"/> Graphic design          | <input type="checkbox"/> IT/Web design           |

Please provide details of skills you can provide Oz Kiwi:

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Please complete this form and return it to [secretary@ozkiwi2001.org](mailto:secretary@ozkiwi2001.org).*

Oz Kiwi Association Inc (A0059304D) is a registered association incorporated in VIC, ARBN: 602 800 297.