

VOLUNTEER WORKER INFORMATION



NAME..... AGE..... (YEARS)

CONTACT DETAILS:

TELEPHONE: CELLPHONE:

EMAIL:

ADDRESS

.....

WHO TO CONTACT IN AN EMERGENCY

NAME: TELEPHONE:

MEDICAL Do you have any medical problems that could affect your ability to undertake tasks?

YES NO

If yes, please advise below:

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.....

SKILLS THAT YOU POSSESS THAT COULD ASSIST IN THE CREATION OF A MAINLAND ISLAND

1. Computer Work 2. Clerical Work 3. Weed Control 4. Track Work

5. Pest Control 6. Educational / Interpretation 7. Other

PLEASE INDICATE WITH A TICK WHICH DAY OF THE WEEK IS MOST SUITABLE FOR YOU TO BE INVOLVED.

Mon Tues Wed Thurs Fri Sat Sun Any Day

Are you interested in being a team leader? Yes No

Signed..... Date.....