## Volunteer and Membership Application Form

|  |  |
| --- | --- |
| Name |  |
| DOB |  |
| Email Address |  |
| Home Phone |  | Mobile Phone |  |
| Address line 1 |  | Address Line 2 |   |
| Suburb |  | Post Code & State |  |
| Mail Address if different  |  |

## Interests

### Please tell us in which areas you are interested in volunteering

|  |
| --- |
| [ ] Administration |
| [ ] Driving |
| [ ] Furniture collection and deliveries |
| [ ] Fundraising |
| [ ] Newsletter production |
| [ ] Volunteer coordination |

Other Please specify Click here to enter text.

## Special Skills or Qualifications

### Please summarize any skills and qualifications you have acquired from employment, volunteering, or through hobbies or sports.

|  |
| --- |
|  |

## Person to Notify in Case of Emergency

|  |  |  |
| --- | --- | --- |
| Name:  | Mobile Phone:  | Home Phone: |

## Agreement and Signature

### I apply to become a member of Pyrmont Cares Inc. ABN 51 966 266 798 and agree to abide by its rules and policies.

### I warrant that I know of no medical or other reason why I should not undertake the volunteer activities I have indicated or may wish to undertake in the future.

### Our Insurers require the following declaration from anybody who drives a PCI vehicle. If you will **never** drive for PCI, you may omit the Licence number.

### "In the past 3 years: • I have NOT had an insurer decline or cancel a policy, impose specific conditions on a policy, or refuse a claim • I have not had my driver's licence suspended, cancelled or restricted • I have NOT committed any criminal acts in relation to Fraud, Theft or Burglary, Drugs, Arson, Criminal, Malicious and/or Wilful Damage"

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Licence Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_ /\_\_\_\_/\_\_\_\_

##  Thank you for your application. Please return the form to: sec@pyrmontcares.org.au and we will be in contact with you.