



# Volunteer Registration Form

Please print in BLOCK CAPITALS

.....  
Title First name Family name

.....  
House/Unit No. Street Suburb State Postcode

Postal address (if different from above)

.....  
House/Unit No. Street Suburb State Postcode

.....  
Email address

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Date of birth .....  
Day Month Year

## Emergency Contact

In an emergency, whom should we contact?

.....  
Title First name Family name

Relationship .....

Telephone .....  
Home phone Mobile phone

If you have any medical or other condition which may affect or limit your ability to fulfill this position, please provide details:

.....  
.....

I have read and understood my Job Description. Yes  No

**I agree that** I shall not disclose any confidential information and/or personal confidential information (including information, messages, data or commercial-in-confidence information) which I have acquired during the course of my volunteering with The Centre for Volunteering incorporating the Volunteering NSW and The School of Volunteer Management, to any third party or entity other than as expressly required by law.

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

Your completed form will be held securely and confidentially. Only authorised staff will have access to your information.

