



People caring
for nature

VOLUNTEER REGISTRATION FORM

Thank you for your offer to assist VNPA as a voluntary worker. We appreciate your interest and welcome your involvement with VNPA. The information on this form will enable us to match your skills and interests more appropriately with tasks as they come available. Some volunteers work on a regular weekly basis, while others work variable days and times according to the task and their availability. Some people work in the office, others from home. It's up to you! Our need for volunteers varies. If we don't have something suitable when you first contact us, we will get back to you as soon as an appropriate task becomes available. However, don't hesitate to ring us if you want to know what's happening.

VNPA Member number (if applicable)		
First Name:	Surname:	
Address:	Suburb	Post code
Phone: (H)	Phone: (B)	
Email: (H)	Email: (B)	

When could you be available?

Morning Afternoon Evening Please specify times: _____

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Education/Qualifications: _____

Occupation, relevant experience or skills: _____

What areas of interest would you like to work in as a volunteer with VNPA, or are you happy with any task? Any task

- Advertising
- Campaigns
- Desktop Publishing
- Manning Stalls & Displays
- Photocopying
- Submission writing
- Archiving
- Committee Participation
- Filing
- Map Drawing
- Research
- Bushwalking & Activities Program
- Database Entry/Word Processing
- Fundraising
- Mailouts
- Monitoring developments in parks
- Strategies & Planning Schemes

What conservation issues interest you?

Campaigns Victoria Naturally Alliance National Parks Management NatureWatch Survey

Other _____

Do you have specific knowledge of a Victorian region? Yes No

If yes, which area?

Do you have previous experience as a voluntary worker? Yes No

Can you tell us a bit about that ? _____

What do you hope to achieve from your experience as a volunteer with the VNPA?

(e.g. voluntary work, course work, assist where needed, campaign for a particular issue, not sure)

EMERGENCY CONTACT & MEDICAL HISTORY DETAILS
Name:
Address:
Phone: (H)
Mobile:
Relationship
<i>PRE EXISTING MEDICAL CONDITIONS</i>

Thank you for your time! ☺

Please return this form to:

Post: VNPA Level 3, 60 Leicester St, Carlton Victoria 3053 Fax: 03 9347 5199 Email: vnpa@vnpa.org.au

Phone 03 9347 5188 www.vnpa.org.au