



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 scan this form and return it to secretary@ozkiwi2001.org or post it to:

Oz Kiwi
PO Box 149
Collins Street West
Melbourne
VIC 8007