



Volunteer Application Form

Welcome to the opportunity to volunteer at Wavlink

NAME _____

Postal address _____

Suburb _____ Post Code _____

DOB _____ Day Phone _____ Mobile _____

Email _____

Place of Employment (if applicable) _____

Do you have a current drivers licence? _____

Area of interest eg Administration, Compliance, Assisting students in class, fund raising, events planning and promotional stalls, public awareness, social media updates, other

If you have had any previous volunteer, paid work or other relevant experience please give a brief description.

What are your interests and hobbies? _____

When training opportunities arise would you prefer morning, afternoon or evening sessions? _____

Have you undertaken training that can be taken into consideration?

Is there a health concern that may make it difficult for you to work with Wavlink? _____

If so how can we assist you? _____

EMERGENCY CONTACT _____ Phone: _____

Relationship of emergency contact _____

Doctor (if applicable) _____

Date of application: _____ Signature: _____

Please email to info@wavlink.org.au or



Wavlink

36 Myrtle Street

Glen Waverley 3150