

Appeals Volunteer Application Form



Details of Applicant for Office Use only

First Name.....Surname.....

Address.....Suburb.....Postcode

Home Phone.....Mobile.....

Email.....D.O.B.....

Under 18 Volunteer – Yes No

(Volunteers aged between 14-17 require Parental/ Care Giver Permission)

Ability to travel - Yes No if yes , describe

Preferred location (Suburb)

Availability - start date

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
am	am	am	am	am	am	am
pm	pm	pm	pm	pm	pm	pm

Which Appeal/s do you wish to assist with? ANZAC Appeal Poppy Appeal All Appeals

Have you volunteered for the RSL before? Yes No if so please describe

.....



Appeals Volunteer Application Form



Are you an RSL Member (You do not have to be a member to be a volunteer of the RSL)

RSL Membership Yes No

Type of Membership

Service Affiliate Social Life Member

Which Sub Branch are you a Member

Emergency Contact

NameRelationship.....

Contact Number – (H).....(M).....

Is there any disability or medical condition that could impact on your volunteer activities?

Yes No If 'yes' please describe

.....
.....

Commitment to RSL Victorian Sub Branch Values and Policies :

I agree to respect and abide by the mission, values, policies & procedures of RSL Branch in whatever way they apply to my role as a volunteer within the organisation.

I agree to have my personal information, as recorded on this form, stored on the RSL's Volunteer Database which is fully compliant with Australian Privacy Principles contained in the Privacy Act 1988 and encrypted in transit over the internet by 256bit SSL protocols.

I understand the RSL is committed to respecting the privacy of personal and sensitive information obtained by staff and volunteers in accordance with Privacy Act 1988 and the Australian Privacy principles.

I agree to act in accordance with this policy.

Signature

Print Name

Date/...../.....



Appeals Volunteer Application Form



RSL Sub- Branch Office Use Only

RSL Sub Branch

Parental / Care Giver Permission Received (Where Required): Yes No N/A

Privacy Agreement : Yes No

Application Approved: Yes No

SignedDate

Position

Please fill out all applicable information at Sub Branch (and return)

