



T O W N S V I L L E

LIVING HEROES VP60 : VOLUNTEER APPLICATION FORM

Name _____ Street Address _____ Suburb _____ Post Code _____

Home Phone _____ Mobile _____ Email Address _____

Age Group: please circle: 18-25 26-35 36-49 50-65 Over 65

Next of Kin / Preferred Contact Person (in the event of an emergency)

Name _____ Relationship _____ Address _____ Phone _____

Do you have any skills, qualifications or experience which you think would be useful: Please list here or attach a resume

I am interested in the following volunteer positions, please tick the boxes of those you would like to apply for:

- Welcome Host Administration Officer Parade Marshall Customer Service Officer
- Tourism Kits Historian Transportation Host First Aid Officer
- Medical Staff Media Monitor Catering Host Information Officer



VP60 Event Co-ordination Office
PO Box 1268
Townsville, Qld 4810
Phone: 07 4721 4000 Fax: 07 4721 4002
Email: info_vp60@townsillepresents.com.au





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Medical Or Health Issues

Do you have (or have you had) a medical or health problem which may affect your volunteer work, or that we should know about in the event of an emergency? Yes No

If you answered yes to the above question, please provide details of your medical condition:

Background Reference

Please provide the name of a referee for an identity check.

Name Of Referee _____ **Daytime Phone Number** _____ **Occupation/Position** _____
I give permission for my nominated referee to be contacted: Yes No

Transport

Some positions require that you drive a vehicle, please complete the Licence information below:

Drivers Licence Number _____ **Licence class held (A,B etc)** _____

Volunteer Induction Sessions

All Volunteers need to attend an Induction Session before commencing their role (to be advised).

Thankyou for taking the time to complete the Volunteer Application Form. Please check to make sure you have provided all the necessary information.



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