

Community Engagement Program

Community Champions

Expression of Interest Application

Contact Information

Name	
Street Address	
Suburb	
State, Post Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for the Community Engagement Program?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering in the Community Champions Initiative

- Administration
 Events
 Presentations
 Volunteer coordination

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
Suburb	
State, Post Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Community Champion, any false statements, omissions, or other misrepresentations made by me on this application may result a review of my position.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of Transplant Australia to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Community Champions may need to be compliant with their relevant state Children Protection Requirements.

Thank you for completing this application form and for your interest in becoming a Community Champion.

Please return to:

Transplant Australia
 PO Box 592
 North Sydney
 NSW 2059
 Fax: (02) 9954-6412