

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 in my immediate dismissal.

| | |
|----------------|--|
| 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 be required to have a Federal Police Check, due to the nature of the audience.

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

Application Check-list

- Attach resume
- Attach names & phone numbers of 2 referees
- Attach 2 passport-size photos
- Complete Expression of Interest Application