

Volunteer Application Form



First name	
Last name	
Address	
Suburb	
State	
Postcode	
Phone (Home):	
Mobile:	
Email:	
Date of Birth: (dd/mm/yyyy):	
In case of emergency contact:	
Relationship:	
Contact Details:	
Your Availability (Weekdays, afterhours, weekends):	
Do you have a Working with Children clearance? (Circle yes or no)	Yes No
Do you have a police clearance? (Circle yes or no)	Yes No

Organ Donation and Transplant Foundation of WA
 31 Stiles Avenue, Burswood, Western Australia 6100
 E: odatwa@bigpond.com
 M: 0412 912 929

<p>Please indicate your areas of interests/ experience:</p>	<div style="border: 1px solid red; padding: 5px;"> <input type="checkbox"/> Events <input type="checkbox"/> Fundraising <input type="checkbox"/> Administration <input type="checkbox"/> Community information stalls <input type="checkbox"/> Public Speaking <input type="checkbox"/> Project Management <input type="checkbox"/> Computer (Microsoft Office, database) <input type="checkbox"/> Food or Beverage/ Catering <input type="checkbox"/> Photography <input type="checkbox"/> HR, Recruitment <input type="checkbox"/> Transplant Recipient <input type="checkbox"/> Donor family <input type="checkbox"/> Living Donor <input type="checkbox"/> Dialysis <input type="checkbox"/> Other </div>
<p>Please provide details of any relevant experience/ skills obtained in the past:</p>	
<p>Would you like to become a member of ODAT (annual membership fee \$10) Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

Thank you for your interest.
A representative from ODAT will contact you soon.
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