



## VOLUNTEER APPLICATION FORM

Name.....

Address.....

.....

Phone No..... Mobile.....

Email.....

**Why are you volunteering with Little Heroes Foundation?**

.....

.....

.....

**What areas are you most interested in being involved in?**

- |   |   |
|---|---|
| <input type="checkbox"/> Office administration / data entry | <input type="checkbox"/> Collecting at events |
| <input type="checkbox"/> Events / Fundraising               | <input type="checkbox"/> Sales & Marketing    |
| <input type="checkbox"/> General Fundraising                |   |

**Other (please describe):**

.....

.....

**Do you have any particular skills you feel could be used within the Foundation?**

.....

.....

**How many hours / days per week of your time could you commit?**

.....

**What days and hours would you be available?**

.....

**Would you be willing to provide a police check?      YES       NO**

(We can organise this at no cost to you)

**Signature..... Date.....**

Please email this form to [sarah@littleheroesfoundation.com.au](mailto:sarah@littleheroesfoundation.com.au) or fax 8161 7272