



volunteer application

Contact details

Mr/Mrs/Miss/Ms/Dr (Please circle)

First name: _____ Last name: _____

Address: _____

_____ Postcode: _____

Home phone: () _____ Work phone: () _____

Email: _____ Date of birth: ____ / ____ / ____

Do you have a valid drivers license? Yes No

Emergency contact name: _____ Emergency phone: _____

Relationship: _____

Employment history

Present or most recent employer: _____

Dates employed: _____ Position held: _____

Main duties: _____

Next most recent employer: _____

Dates employed: _____

Position held: _____

Main duties: _____

Previous volunteer/related work experience

Company/organisation: _____

Role/assignments: _____

Dates: _____

Authorisation:

Date received: ____ / ____ / ____ Recorded by: _____ Checked by: _____





volunteer application (Continued)

Why RMHA?

How did you hear about Ronald McDonald House Auckland? _____

What interested you in RMHA? _____

What do you hope to get out of volunteering at RMHA? _____

Areas of interest

- Front of House Housekeeping Data entry Maintenance Baking/cooking
- Gardening Group project Fundraising Van driving Dinner group
- School support

Availability

Please tick your preference:

- Short term support Long term support

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.							
P.M.							
Evenings*							

* After 5 p.m.

Frequency: Weekly Fortnightly Monthly Are you available on call? Yes No

How to send us your application form

Post: fill in this form and send in an envelope to: Freepost Authority 108064, Ronald McDonald House Auckland, PO Box 110119, Auckland Hospital, Auckland 1148

Fax: fill in this form and fax to: **09 377 6581**

Authorisation:

Date received: ____ / ____ / ____ Recorded by: _____ Checked by: _____

