SCEC Volunteer Application Form



Date:	_
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Contact information and availability						
First Name		Last na	ame			
Phone		Email				
Address		Availa (Days ar	bility ad times)			
Areas of interest for volunteering						
Port E	liot Show		Community gardens			
Movie	screenings at Victa Cinema		Aboriginal engagement			
Environmental Education/Workshops			Networking events			
Helpin	g at the SCEC office	Other				

Please describe below any skills/experience you have relevant to your area/s of interest

Emergencv	^v contact and	l medical

Emergency contact person

Medical—Please describe any medical conditions you have of which the SCEC should be aware

Name:	
Phone:	

Depending on volunteer role/s, would you be prepared to have a police check? Yes

No

Signature: _____

(Please return to: South Coast Environment Centre: 3, Eyre Terrace, Victor Harbor, SA 5211.)

Office use only:

Approved by Management Committee?

Entered onto Volunteer Database?