



Volunteer Application

APPLICANT INFORMATION		
Name:		
Address:		
City:	State:	Postcode:
Phone:	TTY:	Fax:
Email:		
PLEASE TICK YOUR AREAS OF INTEREST OR EXPERTISE		
<input type="checkbox"/> Office Duties	<input type="checkbox"/> Education	
<input type="checkbox"/> Management	<input type="checkbox"/> Research	
<input type="checkbox"/> Information Technology	<input type="checkbox"/> Publicity	
<input type="checkbox"/> Social events	<input type="checkbox"/> Fundraising	
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Other	
SIGNATURE		
Signature of applicant:		Date:
Email completed form to: info@podc.org.au or Mail to: Project Coordinator PODC PO Box 4748 North Rocks NSW 2151		