



HeartKids Victoria / Tasmania Volunteer Registration Form

Date:

Are you volunteering to HeartKids as:

- HeartKids & Family Associate Affiliated Business
(Parent/Guardian, Adult with CHD) (Relative or Interested Person) (Organisation)

Title: Mr Mrs Dr Ms Miss Other:

Surname:

Given Name:

Company Name (if applicable):

Address:

Suburb: State: Post Code:

Phone: Mobile:

Email:

Date of birth:

Can you take calls at work Yes No

Volunteering Opportunities you are interested in:

- Governance (Board Member, Admin, Finance, Management)
- Event support (Teen camp, Branch events, Christmas Party, Corporate dinners)
- Admin (Website Admin, Database Management, Policy & Procedure Development)
- Marketing & PR: (Media, Awareness Opportunities, Corporate Branding)
- Fundraising: (Product Fundraisers, Community Fundraisers, Merchandise Sales/Management)
- Other (Please give details)

Do you have a "Working with Children" card Yes No

Please attach a copy of your current card with you application

Signature:

Thank you for taking the time to complete this form.
Your assistance is greatly appreciated.

All information given is treated with complete confidentiality and care

Please forward membership applications to:
HeartKids, Reply Paid 803, Parkville, VIC, 3052
Or email to heartkids@heartkids.org.au