

VOLUNTEER APPLICATION FORM

Name:

Address:

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Phone No: **Mobile:**

Email:

Why are you volunteering with Little Heroes Foundation?

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

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Would you be willing to provide a police check? (This can be done at no cost to you)

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Have you read the Little Heroes Foundation Volunteer Policy? Yes No

Are you under the age of 18?

Signature: **Date:**

Please email this form to jan@littleheroesfoundation.com.au or fax 8161 7272

