

VOLUNTEER Application Form

Personal Details

Title	Miss/Ms/Mrs/Mr/Dr/Other_____
First name	
Surname	
Street Address	
City	
Post code	
Best daytime contact number	
Email address	

Volunteer Preferences

Do you have a preference for the type of volunteer role you would be interested in?	<input type="checkbox"/> Events and Fundraisers <input type="checkbox"/> Office assistance/administration <input type="checkbox"/> Specialist project work - please specify your area of expertise and interest.
What days would you be available to volunteer?	
Approximately how many hours would you like to volunteer for?	
Have you volunteered before?	
Are you currently working?	
Please briefly explain your skills and experience and your reason for wanting to volunteer?	

Thank you for your application to volunteer with Cure Cancer Australia, we will endeavour to get back to you as soon as possible.

Please submit to info@cure.org.au or fax to 02 8072 6199.