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brokenhillhistoricalsociety.com

Patrons: John Ralph AC; Simon R Molesworth, AO, QC

VOLUNTEER APPLICATION FORM

CONFIDENTIAL

Surname: _____ Given Names: _____

Address: _____

Telephone: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

Date of Birth : _____

Times Available : Number of hours per week or month _____

Days of week: _____ a.m. and/or p.m.

Previous Experience (paid and/or unpaid): _____

Particular Interests: _____

Skills/Hobbies: _____

How did you hear of us? Job Network () Word of Mouth () Brochure ()

Web site () Newspaper () Radio () Other () _____

Is there any reason why you would be unsuited to some areas of voluntary work?

Signature: _____ Date: _____

Interviewer (if applicable): _____