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ABN 53 037 804 043

## VOLUNTEERS APPLICATION FORM

Given Name (s)	
Surname	
Address	
Suburb	
State	
Post Code	
Phone Number (home)	
(work)	
(mobile)	
Email:	

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Adelaide Youth Orchestra  
Adelaide Youth Sinfonia  
Adelaide Youth Strings  
AdYO Percussion Ensemble  
AdYO String Quartet

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### Next of kin

Name	
Relationship to you	
Address	
Suburb	
State	
Post Code	
Phone Number (home)	
(work)	
(mobile)	

What types of volunteering are you interested in?

(e.g.: *Helping at concerts, auditions and rehearsals, catering, joining the Parents Committee, Fundraising, Data Entry, Marketing, Filing, Typing*)

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### Declaration

- I acknowledge that I must have a current National Police Certificate / Teacher's Registration Certificate / CrimTrac report prior to commencing volunteering.
- I agree to take all reasonable steps to protect my own health and safety while working with AdYO.
- I agree to keep confidential any personal or sensitive information of which I become aware through my involvement with AdYO.
- I declare that I am a fit and proper person of good character.

principal partner

Signature	
Date	



I acknowledge that this completed form will be kept on file.