



Volunteer Form

First Name	
Last Name	
Unit/ Street No	
Street Name	
Town:	
Postcode	
Email	
Mobile Number:	
Driver's Licence Type:	
Are you a member of the LALC? <i>If no, please make sure code of conduct is provided and discussed</i>	
Skills and/or Qualifications	

Do you have any other licenses? i.e: white card, chain saw ticket	
Do you have current working with Children Check?	
Are you willing to undergo a criminal record check – attach NSWALC form? <i>Copy of photo identification required</i>	
What are you interested in doing as part of your volunteering? And what would like to achieve from this?	
What is your preferred work area?	
Are you open to performing other tasks as identified by LALC staff?	

Available days\ times for volunteering:

Monday Yes / No Time _____ AM / PM

Tuesday Yes / No Time _____ AM / PM

Wednesday Yes / No Time _____ AM / PM

Thursday Yes / No Time _____ AM / PM

Friday Yes / No Time _____ AM / PM

Occasionally the LALC will undertake events, activities, etc on weekends, if you are interested in participating in these please list below.

Saturday Yes / No Time _____ AM/PM

Sunday Yes / No Time _____ AM/PM

Signature

Date