



Wide Bay Volunteers

ORGANISATION APPLICATION

Organisation Name:

Name of Contact Person:

Position:

Phone No: Fax No:

Email:

Volunteer Coordinator Name:

Days / Times Available:

Incorporation No: ABN:

Street Address:

Mailing Address: (Same as Street Address)

Line 1: Line 1:

Line 2: Line 2:

Suburb: Suburb:

State: Postcode: State: Postcode:

Membership Category: (Refer to pages 4 & 6 of the Handbook for Details)

<input type="checkbox"/> Full - \$121	<input type="checkbox"/> Associate - \$55	<input type="checkbox"/> Affiliated - \$10	<input type="checkbox"/> Sponsored
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Type of service provided by your organisation: (Please tick which best describes your organisation)

- Aged Care, Seniors, Retirement Programs
- Family and Individual Community Welfare
- Health: Community and Hospital Care
- Child Care and Child Support
- Youth Care, Youth Assistance, Youth Support
- People with Disabilities
- Schools, Universities, Colleges
- Migrant Support, Multicultural Groups
- Conservation, Environmental, Animal Welfare
- Crisis, Emergency Support

- Arts, Theatre, Museums
- Social Justice, Welfare Rights, Legal Advocacy
- Tourism, Hospitality, Heritage
- Special Needs Support, Self Help Groups
- Sports, Recreation, Leisure
- Employment, Work Experience, Rehabilitation
- Aboriginal and Islander Services
- Local Government Authorities
- Professional Associations and Clubs
- Event

INSURANCE DETAILS: (Required before application can be processed)

Public Liability Insurance:

Expiry Date: ____ / ____ / ____

Insurer:

Broker:

Policy No:

Min Age: Max Age:

Volunteer Personal Accident Insurance:

Expiry Date: ____ / ____ / ____

Insurer:

Broker:

Policy No:

Min Age: Max Age:

Signed on behalf of organisation: Date: ____ / ____ / ____

You must sign here