



MARK HUGHES
FOUNDATION



VOLUNTEER APPLICATION FORM

Completed application forms can be emailed to enquiries@markhughesfoundation.com.au or posted to: **Mark Hughes Foundation Limited, PO Box 417, Hamilton NSW 2303.** Please call **(02) 4037 7400** if you have any questions regarding this application form.

Personal Details

Surname:

Given Names:

Date of Birth:

Telephone (home):

Telephone (mobile):

Residential Address:

Suburb:

Postcode:

Postal Address (if different to above):

Suburb:

Postcode:

Email Address (MHF prefers to communicate via email):

Do you have a current Driver's License?

Yes

No

Do you have your own transport?

Yes

No

When new events or fundraising activities arise, we would like to invite you to volunteer in your preferred capacity. Could you please indicate the type of support would you prefer to be involved in by ticking the boxes below. Please select as many options as you like.

Event Support	Yes	No
Packing beanies	<input type="checkbox"/>	<input type="checkbox"/>
Selling MHF merchandise at events ie Knights Stadium	<input type="checkbox"/>	<input type="checkbox"/>
Setting up at events	<input type="checkbox"/>	<input type="checkbox"/>
Speaking at events on behalf of MHF	<input type="checkbox"/>	<input type="checkbox"/>
Administration Support	Yes	No
Mail outs (e.g. letter/envelope stuffing)	<input type="checkbox"/>	<input type="checkbox"/>
Computer data entry	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising Support	Yes	No
Selling raffle tickets	<input type="checkbox"/>	<input type="checkbox"/>
Participating in information stands at shopping centres / hospitals	<input type="checkbox"/>	<input type="checkbox"/>
Collecting donations	<input type="checkbox"/>	<input type="checkbox"/>
Ushers (Magic Ball)	<input type="checkbox"/>	<input type="checkbox"/>
Other:		

Mandatory Information	YES	NO
Do you have an active Workers Compensation Claim lodged?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a disability arising from a Workers Compensation claim?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of any circumstances regarding your health which may interfere with any type of volunteering you might undertake?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a current Working With Children Check? (if yes please provide number)	<input type="checkbox"/>	<input type="checkbox"/>
If you have answered yes to any of the above questions, please provide details:		
What are your reasons for wanting to volunteer with MHF?		
Have you ever volunteered before for any other organization? (if yes please provide details)		

Applicant's Statement	
I understand and agree that the information found above is true and correct.	
Signed:	Date:

If no digital signature available, please print, sign and scan form and submit as per instructions.

Thank you!

