

VOLUNTEER APPLICATION FORM

Please complete the details requested in the form below and return by email to our Secretary.
Medical volunteers and Psychosocial facilitators need to include a CV of appropriate qualifications.

RETREAT: **CFR / RRA** **LOCATION:** _____ **DATE:** _____

Full Name: _____

Address _____ **DOB:** _____

Suburb: _____ City: _____

State: _____ Post Code: _____

Mob Phone: _____ Home Phone: _____

Email: _____

Occupation: _____

Allergies: _____

Emergency contact _____ Relationship _____

Mob Phone: _____ Home Phone _____

Please list any relevant qualifications/accreditations
(e.g., 1st Aid Certificate, Casting Instructor, Fishing Guide, Medical Background):

How did you hear about Mending Casts? _____

Tell us about your fly-fishing experience: _____

Tell us about your previous volunteer experience: _____

Do you have experience with cancer? _____

How would you like to help Mending Casts Inc? (tick as many that apply to you)

Organizing Retreat(s) Fund-Raising Staffing Retreat(s) Fishing Buddy

Other (Please describe): _____

Signed _____

Add additional information if required and please return this form via email to
The Secretary at: admin@mendingcasts.org

