

## GOT YOUR BACK SISTA VOLUNTEER FORM

Title (please circle): Mrs      Miss      Ms      Mr      Other \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Do you have any medical conditions we may need to be aware of?

\_\_\_\_\_

What type of activities would you be interested in helping with? (please tick all that apply)

- Events
- Refuge/Shelter renovation projects
- Delivering donations to clients (a car allowance would be paid for this as per ATO rates)
- Mentoring

*This information will be kept on file for record keeping purposes and not shared outside our organisation.  
We will also use this information to keep in touch with you about upcoming events and future volunteering opportunities.*