



VOLUNTEER APPLICATION FORM

Thank you for your interest in the Mission to Seafarers.

Please complete this form and return to info@missiontoseafarers.com.au

We appreciate your time and look forward to discussing your application.

First Name:	Last Name:
Date of Birth:	Place of Birth:
Address:	
Mobile Phone:	Other Phone:
Email:	
Languages Spoken:	
Area/s you are interested in as a volunteer (please circle): Admin and IT Assistant Bus Driver Events Fundraising Gardening and Maintenance Historical/Heritage Research Host and Bar Attendant Ship Visitor Spiritual Guidance	
Relevant experience:	
Applicable Skills or Interests:	

Please indicate ALL the times you are available to volunteer (we ask that volunteers only commit to one shift per week):

DAY	10am- 2pm	2pm- 6pm	6pm- 10pm
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

SIGNED:

DATE: