CDSCC VOLUNTEER INFORMATION

(This information is confidentially kept by the CDSCC, and is used for administrative purposes only).

❑ Mr
❑ Mrs
❑ Ms
❑ Miss
❑ Other, *specify* .....

Last Name .....

First Name(s) .....

Contact Details

Street Address .....

Suburb ..... State ..... Postcode .....

Phone: Home: ..... Fax: .....

Work: .....

Mobile: .....

eMail: .....

I preferred to be contacted at ❑Home ❑Work ❑Mobile ❑eMail ❑Any of the above

In Case of Emergency

Name .....

Relationship .....

Phone: Home: ..... Work: .....

Mobile: .....

eMail: .....

Preferred method of contact ❑Home ❑Work ❑Mobile ❑eMail ❑Any of the above

Personal Information

Date of Birth ...../...../.....

Employment Status ❑Employed ❑Unemployed ❑Retired ❑Student ❑Other, *specify* .....

Do you have any medical conditions we should know about? Please provide details.

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Experience / Interests

What relevant work/volunteer experience do you have?

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What are your interests, skills, & hobbies?

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.....

.....

Preferred Hours / Availability

What would be your preferred times to work?

❑Saturday ❑11am - 3pm ❑1pm - 5pm
❑Sunday ❑11am - 3pm ❑1pm - 5pm
❑Public Holidays ❑11am - 3pm ❑1pm - 5pm

Are you available at other times?

Weekdays, *during School Holidays* ❑11am - 3pm
Weekday evenings, *during Summer* ❑4pm - 8pm

How often would you like to volunteer?

❑Weekly ❑Fornightly ❑Monthly ❑Anytime

Are you available on short notice?

❑2-3 hours ❑1-day ❑1-week ❑Anytime

Would you be available for a full-day (6 hours)?
eg: On our ***Space Open Day*** ❑Yes ❑No

Thankyou for completing this form. Please forward to:
Canberra Space Centre Volunteers, PO Box 638, Fyshwick ACT 2609 or fax: 02 6201 7975
Further details, please contact **Glen Nagle** or **Candy Bailey**, phone: 02 6201 7838/968 or email: cdscc-prc@anbe.cdscc.nasa.gov

Office Use Only

Date received ...../...../.....
Date approved ...../...../.....
Date starting ...../...../.....

Application received by: .....
Application approved by: .....