



Farnham Street Neighbourhood Learning Centre

ABN: 30 202 169 571

28 Farnham Street Flemington, Victoria 3031 Australia

Tel: 03 9376 9088 Fax: 03 9376 7739 Email: info@fsnlc.net Web: www.fsnlc.net

Volunteer Registration Form

Surname: _____ First name: _____

Address: _____

Telephone (1): _____ Telephone (2): _____

Email: _____

Emergency contact:

Name: _____ Relationship: _____

Telephone (1): _____ Telephone (2): _____

When are you available to volunteer?

Week days **Yes** **No** Mornings Afternoons Evenings

Any other notes on availability _____

What was your highest school level? _____ When did you complete that? _____

What qualifications do you have? _____

Briefly, what is your professional background? _____

What are your personal goals/objectives for volunteering with FSNLC?

To assist in deciding where you would be most suited to volunteering at FSNLC, please list any skills, experience, work, hobbies or other activities you enjoy:

Do you have any further comments or suggestions regarding your participation as a volunteer?

Signature: _____ Date: _____

Please return this form to:

Pip Mackey, Community Education Coordinator
Farnham Street Neighbourhood Learning Centre, 28 Farnham Street, Flemington Vic 3031
Tel: (03) 9376 9088 Fax: (03) 9376 7739 Email: pip@fsnlc.net