



THE AQUARIUM OF WESTERN AUSTRALIA

## Volunteer Program Application Form 2010

*Interested in generating a sense of wonder and respect for the marine life of Western Australia by talking to and interacting with visitors?*

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

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

\_\_\_\_\_ Post Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

Why would you like to become an AQWA volunteer?

*(Include any relevant experiences or qualifications you may have, such as presenting information to the public)*

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Why do you think you would be a successful AQWA volunteer?

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What type of experiences are you looking for in becoming an AQWA volunteer?

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How did you hear about the volunteer program?

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Being a volunteer requires ongoing commitment.  
Please nominate the day (s) you are available, and the times:

	<u>5am – 7am</u>	<u>7am - 6pm</u>	<u>After 6pm</u>	<u>Regular*</u>	<u>Rotational**</u>
<u>Monday – Friday</u>					
<u>Saturday</u>					
<u>Sunday</u>					
<u>Public Holidays</u>					
<u>Other (eg vacation) please specify:</u>					

\* Regular means you are available to work these hours each week

\*\* Rotational means you are available to work these hours on a rotational or rostered basis (such as each fortnight or each month)



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## PHYSICAL/HEALTH HISTORY

For Workplace Health and Safety and Insurance purposes: -

1. Please specify any pre-existing medical conditions/injuries/claims that may affect the position for which you have applied. If none please confirm by writing "None" in the space provided:


2. Do you suffer from any back, neck, shoulder or knee complaints?  Yes  No

*If yes, give details:*


3. Are you required to take medication which may: -

Affect your work performance?  Yes  No

Affect your attendance at work?  Yes  No

4. Would you be willing to take a medical examination?  Yes  No

5. Would you be willing to take a test for alcohol and other drugs?  Yes  No

6. Do you have any criminal convictions that could affect the position applied for? Yes/No

## STATEMENT

In signing this application for employment as a volunteer, I confirm the above information is true and correct and acknowledge that any misrepresentation of facts is sufficient for dismissal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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**Thank you for your interest in the AQWA Volunteer Program.**

Please return this application form to:

Community Education Manager  
AQWA  
PO Box 424  
HILLARYS 6923

AQWA has two volunteer intakes per year. Once we have received your application we will send you a confirmation letter and add your name to our data base. When our next recruitment begins you will receive an invite to our AQWA Open Night. There is then an interview stage with successful applicants invited to participate in our 4 part training course.