

# VOLUNTEER APPLICATION

## GOLD COAST HISTORICAL MUSEUM INC.

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Phone: 0490 487 586

*The following information is for office records only and will be treated with the strictest confidence. The details provided will not be passed on to any other organization and is solely for volunteer management and insurance purposes only.*

### PERSONAL DETAILS

Name: .....

Address: .....

.....

Phone: ..... Mobile: .....

Email: .....

### EMERGENCY CONTACT

Name: .....

Relationship: ..... Phone: .....

### OTHER INFORMATION

Any special needs or medical conditions .....

Preferred Day/s for volunteering .....

### VOLUNTEER PREFERENCES

Clerical/Computer work

Cataloguing

Gardening

Maintenance

Assisting with Open Days (first Sunday every month)

Assisting with Tours and School visit

Other .....

Begin Date .....

Signature ..... Date .....

Interviewed by: ..... Date .....