

Stawell Gymnastics Club Volunteer Registration Form

Name

Gender

Date of birth

E-mail

Contact Phone

Mobile Phone

Address

City

Post Code

Have you worked as a volunteer before? If so, please give details of where and brief job description.

Please list the times you are available to assist in the gym

Monday

Tuesday

Wednesday

Are you prepared to help outside the normal working hours of the Club?

Yes

No

Please circle which areas you would like to be involved with

Fundraising

Occupational Health & Safety

Grants

Publicity / Gym Bag News

Signature

Date