



AUSTRALIAN WILDLIFE  
**HOSPITAL**

# VOLUNTEER/WORK EXPERIENCE APPLICATION FORM

NAME \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

(IF DIFFERENT)

PHONE NUMBER \_\_\_\_\_ FAX \_\_\_\_\_

MOBILE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(Without year)

EMAIL \_\_\_\_\_

NEXT OF KIN \_\_\_\_\_ NEXT OF KIN PHONE \_\_\_\_\_

NEXT OF KIN ADDRESS \_\_\_\_\_

BLOOD TYPE \_\_\_\_\_

ALLERGIES \_\_\_\_\_

DRIVERS LICENCE NUMBER \_\_\_\_\_ OTHER LICENCES \_\_\_\_\_

VEHICLE MAKE \_\_\_\_\_ VEHICLE MODEL \_\_\_\_\_

REGO \_\_\_\_\_ IF MORE THAN 1 CAR \_\_\_\_\_

AVAILABLE START DATE \_\_\_\_\_

AVAILABILITY (INCLUDE START AND FINISH TIMES)

MON	TUE	WED	THU	FRI	SAT	SUN