

# Volunteer Application



Please return the completed application form to:

**Business Manager at the Museum (2 Stuart Terrace)**

**Or: PO Box 9193, Alice Springs NT 0871**

**Or email: [operations@pioneerwomen.com.au](mailto:operations@pioneerwomen.com.au)**

**Phone (08) 8952 9006 for further information**

## Contact Information

Name	
Street Address	
City / Post Code	
Home Phone	
Work Phone	
E-Mail Address	
Date of Birth	

## Availability

During which hours are you available for volunteer assignments?

Weekday mornings

Weekend mornings

Volunteer Caretaker Role

Weekday afternoons

Weekend afternoons  
duties)

(up to 20 hrs in shop & caretaking

## Interests

What volunteer positions are you interested in?

Shop

Tour Guiding

Oral History

Collections Management

Administration

Research

Maintenance / Gardening

Other

### Special Skills or Qualifications

Please list any special skills, qualifications or experience you have.

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### Previous Volunteer Experience

Please list any relevant or previous volunteer experience.

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### Emergency Contact Information

Name	
Street Address	
City / Post code	
Home Phone	
Work Phone	
E-Mail Address	

### Agreement and Signature

I apply to become a volunteer with the Women's Museum of Australia and in so doing agree to:

- Undertake the work allocated to me to the best of my ability and follow the direction of the Museum's person appointed as my supervisor;
- Conduct myself appropriately in such a manner that my behaviour does not reflect adversely on the Women's Museum of Australia;
- Safeguard Museum property entrusted to me and to protect the information available to me as a volunteer.

Name (printed)	
Signature	
Date	

#### OFFICE USE ONLY

Approved / Not Approved by the Business Manager of the Women's Museum of Australia.

Date: