



Multicultural Council of the Northern Territory Inc

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MCNT Volunteer Application Form

The information collected in this form will help us become familiar with you and your interests.
The information is kept on file for our records only.

Family names: _____

Given names: _____ Female / Male

Address: _____

_____ Postcode: _____

Telephone: _____ Mobile: _____

Email address: _____

Age group (please circle): under 18 19-24 25-34 35-44 45-54 55-64 65+

Date of birth: _____ Country of birth: _____

Languages spoken: _____

Are you currently (please circle): In paid employment? full time part time
retired student unemployed home duties other

Do you have your own car and a current driver's license? Yes / No

Are you willing to transport others? Yes / No

Availability: once a month once a fortnight once a week irregularly
school holidays weekends evenings daytime

What days of the week are you available: Monday Tuesday Wednesday
Thursday Friday Weekends

Experience and skills: _____

Hobbies and interests: _____

Reason for seeking volunteer work with the MCNT: _____

Do you have any disability/medical condition that might affect your ability to do certain types of work?

Yes/No _____

If you are on Work Cover please detail. _____

Is there any reason why you would be unsuited to some areas of volunteer work? _____

How did you find out about MCNT volunteer programs? _____

Do you agree to undergo a criminal history check? Yes / No

Signed: _____

Date: _____