

Anti-Slavery Project

PO Box 123 Broadway NSW 2007 Phone (02) 9514 9662 Fax (02) 9514 9685

antislavery@uts.edu.au

www.antislavery.org.au

Volunteer Application

Name: _____

Address: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____

Resume provided: _____ Yes (please attach) _____ No

EMERGENCY CONTACT INFORMATION:

PLEASE GIVE NAME, RELATIONSHIP, ADDRESS, & TELEPHONE NUMBER FOR EACH EMERGENCY CONTACT:

1. _____

2. _____

PLEASE TELL US ABOUT YOURSELF

How did you hear about ASP?

Please describe any skills, training, education and/or interests that you can contribute to ASP's efforts.

If you are volunteering for academic credit, work credit or other type of credit, please provide criteria of the program and type of documentation required.

If you are interested in volunteering to organise a one-time event or fundraising project, please describe the event.

If you are interested in volunteering on a regular basis, please tell us what days of the week and what hours you are available to volunteer.

Do you have access to a car? YES NO

If we are unable to accommodate you as a volunteer at the time of your application, could we keep your application on record for future volunteer opportunities?

YES NO

THANK YOU FOR WORKING WITH US TO EMPOWER SURVIVORS

OF TRAFFICKING AND SLAVERY!

The staff at ASP thanks you for your interest in contributing your time and skills to achieve our mission. Volunteers are an integral part of the success of our programs and your commitment is greatly appreciated.

Please send in your application by mail, email, or fax. Receipt of your application will be confirmed as soon as possible. You will be contacted by an ASP staff person within two weeks after we receive your application.

For Office Use Only:

Application Received **Welcome Letter Sent**

Confidentiality Form Signed

Orientation Completed **Schedule Provided**

Other Notes: