



# OP SHOP VOLUNTEER APPLICATION FORM

110B Chester Pass Road,  
ALBANY WA 6330  
Mobile: 0447 249 981  
Email: aawopshop@gmail.com  
ABN: 12 578 684 685  
Charity Licence: CC22358

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

PREFERRED METHOD OF CONTACT: EMAIL or PHONE (please circle)

BIRTHDATE: \_\_\_\_\_

EMPLOYMENT STATUS: \_\_\_\_\_

WORK EXPERIENCE:

---

---

VOLUNTEER EXPERIENCE:

---

---

MEDICAL CONDITIONS: \_\_\_\_\_

EMERGENCY CONTACT: Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

HOW MANY HOURS PER WEEK? \_\_\_\_\_ WHICH DAYS? \_\_\_\_\_

ARE YOU INTERESTED IN BECOMING A MEMBER OF AAW? YES/NO

VOLUNTEER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE AAW REPRESENTATIVE: \_\_\_\_\_

1 month trial begins: \_\_\_\_\_