

Eurobodalla Access Radio Inc.



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WORKING TOGETHER FOR OUR COMMUNITY
Since 1981

Volunteer Application Form

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Mob: _____

Email Address: _____

Age Group: † Age (if under 18) _____† 18-30 _____† 30-55 _____† 55+ _____

Occupation/ Former Occupation: _____

Next of Kin Name: _____

Next of Kin Address: _____

Next of Kin Home Phone: _____ Work Phone: _____ Mob: _____

Do you own a computer? _____

What days/times are you available for? _____

Do you have any skills that could assist 2EARFM? _____

Signature: _____

Date: _____

Please forward to: The Secretary
Eurobodalla Access Radio
PO Box 86
Moruya NSW 2537