



## VOLUNTEER REGISTRATION AND APPLICATION FORM FOR IMMERSION TRIP

Immersion Trip Destination: .....

Immersion Trip Dates: .....

### 1. GENERAL INFORMATION

*Please fill in your name as it appears on your passport*

First Name: ..... Middle Name: .....

Last Name: .....

Preferred Name: .....

Date of Birth (day/month/year): .....

Occupation: ..... Gender: F  M

Photocopy of name page of passport attached: Yes  No

#### Current mailing address and contact details:

..... Suburb: .....

State: ..... Post Code: ..... Email: .....

Home: ..... Mobile: .....

#### Residential address:

(if this is different from the mailing address above)

..... Suburb: .....

State: ..... Post Code: .....

#### Do you speak any languages other than English?

Yes  No  If yes, language is: .....

If the answer to the above is yes, please rate your foreign language proficiency.

Excellent  Good  Poor

Shirt size: Long sleeve..... Short sleeve.....

**2. EMERGENCY CONTACT INFORMATION**

Contact Name: ..... Relationship: .....

Address: .....

Tel (home): ..... Tel (work): .....

Mobile: ..... Fax: .....

Email: .....

**3. MEDICAL INFORMATION**

*The following information may be required by any hospital or medical practitioner administering treatment to you which/who does not have access to your medical history.*

Any allergies (including to medicine, food, bee stings etc): .....

Dietary concerns: .....

Current medication being taken: .....

Date of last Tetanus shot: ..... Blood type: .....

Physical impairments: .....

Other: .....

**General practitioner:**

Name: .....

Address: .....

Telephone: ..... Mobile (if applicable): .....

**4. WARRANTY AND DECLARATION**

4.1 I warrant and declare that all of the information I have provided within this application form is true to the best of my knowledge and belief.

4.2 I acknowledge that the contents of this document are confidential and will not be disclosed by Communities for Communities to any party without my consent, other than in the case of emergencies or as may be required by law.

..... Date: .....

Signature of Volunteer