Office Use Only
Referred Contacted
Interviewed Referee Check
Training Induction
Signed

Army Museum South Queensland

Australian Army History Unit Volunteer Application Form



Date of Application:

Personal Details			
Full Name:		Date of Birth:	
Mailing Address:			
Residential Address (if different):			
Home Phone:	Work Phone:	Mobile:	
Email:			
Please list any health concerns/limitations:			
Emergency Contact Details			
Contact 1			
Emergency Contact Name:		Relationship:	
Emergency Contact Number:			
Contact 2			
Emergency Contact Name:		Relationship:	
Emergency Contact Number:			
Areas of Interest:		A	vailability:
Tour Guide	Administration	Library	Every Wednesday
Oral History	Workshop	Accessioning/Catalogue	Alternate Wednesdays
Research	Education	Conservation	Other
Gallery Maintenance	Curatorial	Public Relations	
Graphics Design	Model Making		

Please list any relevant volunteer, work experience and military experience you have:

Please list any relevant education or training you have:

Please list any relevant skills you may have (for example languages):