



HeartKids Victoria Volunteer Registration

Embracing a future for HeartKids

ARN: A0021470B
ABN: 16 336 986 918

Please complete this form and either email to heartkids@heartkids.org.au or print it out and mail to HeartKids Victoria, C/o Cardiology Department, The Royal Children's Hospital, Flemington Road, Parkville Victoria 3052.

Yes! I want to register to join the HeartKids Victoria volunteer community.

First Name: _____

Surname: _____

Address: _____

Suburb: _____ Postcode: _____

Day Phone: () _____ Mobile: _____

Email: _____

Are you are HeartKids member: YES / NO

Is your employer a HeartKids Corporate Member: YES / NO, if so please provide the name of your employer and your position

Employer Name: _____

Position: _____

- Please register me as a volunteer with HeartKids Victoria.
- Please send me the quarterly e-news Volunteer Bulletin so I can review and participate in upcoming events.
- Please send me an electronic copy of the quarterly HeartKids Victoria Newsletter
- I am prepared in my volunteer role, to work with children. I understand that if I am working with children as a volunteer with HeartKids I must obtain a Working with Children Card. Please send me the relevant forms.
- I do not wish to work with children in my volunteer role.
- I agree to follow instructions from HeartKids Victoria staff when I'm participating in HeartKids Victoria programs.

I would like to be involved in areas such as: _____

I have the following skills that may be of use: _____

Date _____ / _____ / _____

Signature _____

***Thank you for joining the HeartKids Victoria volunteer community.
Together we can make a difference***



PROTECTING YOUR PRIVACY: The personal information that you provide will only be used by HeartKids Victoria and will not be disclosed to any other parties.