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| Ningaloo Turtle Program Volunteer Application Form    If you are interested in a 5 week position as a volunteer for the Ningaloo Turtle Program please forward this **application form, your CV and a cover note** telling us why have you applied to join the Ningaloo Turtle Program, to the NTP Coordinator at [ningalooturtles@dbca.wa.gov.au](mailto:ningalooturtles@dbca.wa.gov.au), Fax: (08) 9947 8050 or Post: Exmouth Parks and Wildlife Service, PO Box 201, Exmouth, Western Australia, 6707 before 4:00pm (GMT+8), Friday 31st July 2020.  **Before filling out application please ensure you have read the Volunteer Information Sheet** | | | | |
| Title | Select item. | Nationality | | Required. |
| Surname | Required. | First Name | | Required. |
| Postal Address | Required. | Town or City | | Required. |
| State | Required. | Country | | Required. |
| Post Code | Required. | Email | | Required. |
| Mobile Phone | Required. | Home Phone | | Required. |
| Date of Birth | Required. | Gender | | Select item. |
| Do you have a full manual Australian Driver’s licence? | | | Select item. | |
| Do you have a senior 1st Aid qualification? | | | Select item. | |
| Are you applying to volunteer with another person? | | | Select item. | |
| If yes then other person’s name | | | Required. | |
| If studying, where and what are you studying? | | |  | |
| Are you on workers compensation or sick leave? | | |  | |
| Do you suffer from any illnesses or allergies? | | |  | |
| Do you have any pre-existing medical conditions or medical history which program staff may need to be aware of? | | |  | |
| Is there any reason you would be restricted in some areas of volunteer work (e.g. Knee injury)? | | |  | |
| I have read the [Volunteer Information Sheet](http://www.ningalooturtles.org.au/pdf_downloads/VOLUNTEER%20LIFE%20DOWNLOAD/Volunteer%20Information%20Sheet.pdf) and understand what is required of me as an NTP volunteer. I agree to the terms and conditions of the NTP program. | | | | |