

## **BNZFS Volunteers Membership Application Form**

BNZFS Volunteers is a member of Volunteering New Zealand



Full Name:		
Street address		Tel: ( )
		Extn:
		Mobile:
Postal address (if different from above):		Fax: ( )
		, and ( )
City:	Country:	Email:
Date of birth://	_(dd/mm/yyyy)	Age:year
Main Contact Person: (If you are under 18): Contact Person: (for emergency purpose):		
Name:		
Name: Address:  Tel:  Tel:  Tel:  Contact Forcent: (la chiefgeney purpose).  Address:  Tel:		
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Tel:	T	el:
Email:		ei. mail:
Your interest in (please tick as many as you want):		
Ayojon/Deshi Whisper	□ Radio Ekta	ara □ Bangla Library □
Women's Program	□ Event Volunteers □ Youth Program □	
Aged Care	□ National Program □ Web page □	
Children Program	☐ International project ☐ Mentoring & Advocacy ☐	
Please Specify if you have any other choice/s:		
Commitment to Volunteering: (why do you want to do volunteer's work?)		
SOCIETY INC. ESTO		
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Social INC.		
Your availability:		
Your availability:		
☐ Hours: ☐ Daily/Weekly/Monthly/Yearly (please tick)		
☐ Other (please state)		
I agree to uphold the vision, definition, beliefs and values of BNZFS Volunteers Program		
Signed:		Referred by:
Date: (Must be		(Must be BNZFS's
		current member)
Office use:		Sign by referrer:
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Privacy Act 1993

BNZFS Volunteers undertakes to collect, use and store the information provided on this form according to the principles of the Privacy Act 1993. The information will be used by BNZFS for statistical, funding and administration purposes.