

Name: \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Mobile: (     ) \_\_\_\_\_

Email: \_\_\_\_\_

I am interested in being involved in the following activities: (tick all that apply)

- Being on the management committee
- Being a volunteer leader at Camp Kookaburra Activities
- Helping the committee but not being a committee member

I am particularly interested in the following activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Camp Kookaburra?

\_\_\_\_\_

\_\_\_\_\_

Why do you want to participate in the Camp Kookaburra program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any experience, professional or personal, with children living in families affected by mental illness?

- No
- Yes – Please Specify:

\_\_\_\_\_

\_\_\_\_\_

What skills would you bring to the Camp Kookaburra program? For example: camp leader experience; previous committee or PR work; fundraising; computer skills etc.

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Please provide referees to support your application:

1. \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

1. \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your application.

Please forward to:

Pam Brown  
Executive Officer  
Camp Kookaburra  
P.O. Box 681  
Gynea, NSW 2227

The committee will discuss how we can best use your offer of assistance. You will be contacted by one of the board members in the near future.