



VOLUNTEER APPLICATION FORM

Name: _____

Date of Birth: _____

Address: _____

Email: _____

Phone: _____ Mobile: _____

I wish to be a Volunteer at the Raukatauri Music Therapy Centre and would be able to assist in these areas:

- Office Administration
 - Reception
 - Fundraising
 - Events
 - Assisting with room set up and clearing rooms between music therapy sessions.
- Please note this requires a commitment of one hour a week for a minimum of 10 weeks.

I would be able to make the following time commitment:

_____ hour(s) per week / _____ hour(s) per month/ _____ hour(s) per term

I am available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						
Evening (events only)						

Signed: _____ Date: _____

Please send this form to info@rmtc.org.nz (or post or drop this form in to us at 15 Surrey Crescent, Grey Lynn, Auckland 1021), along with:

- a copy of your CV or resume, and
- a letter from a referee. Your referee must be a community leader such as a teacher, minister, lecturer, doctor, JP or other professional person.

Once processed you will be invited to the Centre to meet with some of our team and discuss the volunteering role. It is appreciated if you can bring two forms of ID to this meeting (one of which must have a photo) so that we might complete a Police Vetting Consent Form. A Police check is required before anyone can volunteer at the Centre.

Thank you so much for your generous offer of support for our Centre. It is greatly appreciated.