



VOLUNTEER APPLICATION FORM

Name: _____

Date of Birth: _____

Address: _____

Email: _____

Phone: _____ Mobile: _____

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

- ☐ Office Administration ☐ Reception
☐ Fundraising ☐ Events
☐ Operating a camera in the AV room to record music therapy sessions
☐ 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	Weekends- Events Only
AM						
PM						
Evening (events only)						

Signed: _____ Date: _____

Please 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.

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