



Perth Blood
INSTITUTE

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info@pbi.org.au www.pbi.org.au
New Discovery. Better Care.

VOLUNTEER REGISTRATION FORM

CONTACT DETAILS

First Name _____

Last Name _____

Address _____

Suburb _____ Postcode _____

Telephone _____ Mobile _____ Email _____

Are you over 18 years of age ? (please tick) ☐ YES ☐ NO
Do you have a current driver's licence ? ☐ YES ☐ NO
Do you have a Police Clearance Certificate ? ☐ YES ☐ NO
Do you speak a language other than English ? ☐ YES ☐ NO Please detail _____

Would you like to volunteer for ☐ Corporate Events ☐ Office ☐ Sausage Sizzles ☐ Any
Availability ☐ Weekdays ☐ Weekday Evenings ☐ Weekends
Are you working ☐ Full Time ☐ Part Time ☐ Studying ☐ Other

ACKNOWLEDGEMENT OF TERMS AND CONDITIONS

- The Perth Blood Institute at times handles confidential information. Volunteers are required to sign and are responsible for maintaining the confidentiality of all privileged information, both written and verbal. This applies whether the information involves a paid staff member, volunteer, client or other person.
- Volunteers enter into a voluntary relationship with The Perth Blood Institute Limited and will not receive payment for their services.
- Volunteers commitment and duties to volunteer vary according to the role performed.
- The Perth Blood Institute Limited reserves the right to terminate any volunteers service if deemed to be in the best interests of The Perth Blood Institute.
- Volunteers can terminate their services at any time they wish.
- Any promotional materials provided for the purpose of the volunteers service shall be returned to The Perth Blood Institute Limited upon completion of their service.

Please sign below to acknowledge that you agree and accept the above Terms and Conditions to volunteer on behalf of The Perth Blood Institute Limited.

Signature _____

Name (please print clearly) _____

Date: _____