



BECOME A FRIEND 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 _____

Do you wish to receive The Perth Blood Institute Newsletter ? ☐ YES ☐ NO
Do you wish to receive other information about The Perth Blood Institute ? ☐ YES ☐ NO
Do you wish to receive invitations to Events ? ☐ YES ☐ NO
Would you like to volunteer at Events ? ☐ YES ☐ NO

Are you working ☐ Full Time ☐ Part Time ☐ Studying ☐ Other
Availability ☐ Weekdays ☐ Weekday Evenings ☐ Weekends

ACKNOWLEDGEMENT OF TERMS AND CONDITIONS

- The Perth Blood Institute at times handles confidential information. 'Friends' 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 staff member, volunteer, client or other person.
- 'Friends' enter into a voluntary relationship with The Perth Blood Institute Limited and will not receive payment for their services.
- 'Friends' commitment and duties to lend a hand vary accordingly.
- 'Friends' can withdraw their 'friendship' at any time they wish and the same applies should it be deemed in the best interests of The Perth Blood Institute Limited.
- Any promotional materials provided for the purpose of joining the 'Friends' group shall be returned to The Perth Blood Institute Limited upon withdrawal.

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: _____