



Raukauri
Music Therapy Centre

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:

- | | |
|---|---|
| <input type="checkbox"/> Office Administration | <input type="checkbox"/> Reception |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Website | <input type="checkbox"/> Events |
| <input type="checkbox"/> Operating a camera in the AV room to record music therapy sessions | |
| <input type="checkbox"/> Assisting in 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

Signed: _____ Date: _____

Please post or drop this form in to us at 15 Surrey Crecent, 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.