



**AUXILIARY MEMBERSHIP
EXPRESSION OF INTEREST FORM**
Complete & fax to 9552 4139

Full Name: (Please print)

Address:

.....**P/Code**.....**Phone No:**

Please tick your age group: 18-35 36-55 56-65 65+

Have you previously been involved in an Auxiliary? Yes No

Which facility are you interested in joining?

Clayton Thornbury St. Albans Templestowe

How many hours per week are you happy to contribute?

Which languages are you fluent in?

All volunteers need to undergo a police check. Would you be willing to authorise Fronditha to do this? Yes No

*Thank you for your interest.
Your application will be lodged and you will be contacted for further discussion.*