



Application Form

Oink! Volunteer Programme

Name _____ Age _____

Address _____

Postcode _____

Telephone _____ Mobile _____

Email (please print clearly) _____

Date applying for

- Monday 11-15 January 2010
 Monday 18-22 January 2010

Position applying for

Skills I have for this role are

Experience I hope to gain

Any medical emergencies/food allergies we should know about?

Parent/Guardian's approval

Parent/Guardian's Name _____

Mobile _____

I am happy for _____ to participate in the
Volunteer Programme with Perth Children's Theatre.

Signature _____

Closing Date: 30 November 2009

Please email form to: info@perthchildrenstheatre.com.au

or Post to:

Ms Lou Kelman
Perth Children's Theatre
PO Box 3331 Broadway Nedlands WA 6009