



MEMBERSHIP & VOLUNTEER APPLICATION

Benefits of becoming a member:

Being a friend of the EKF gives you the opportunity to build relationships, fellowship, and a sense of community.

You will have access to participate in the EKF community because of your fellowship, comradery and deep connection. You will be part of a community of givers, who care, like you do, about the EKF and its causes. You will get special invitations to observe and participate in group events or other social gatherings.

Friends may have access to discounts on program-related products, services or events. We may have also access to discounts at a gift shop, merchandises, or affiliated businesses.

Applicant Details		
Name:	Date of birth:	
Email:	Phone:	
Address:		
	State:	Postcode:
Emergency Contact Details		
Next of Kin:	Phone:	
Relationship to Applicant:		
Health & Medication Details		
Do you have any health concerns which may affect or prevent you from performing your volunteer duties?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please note below all medical conditions of which we should be aware, and any emergency treatment If applicable:		
Availability		
Would you like to be included in the emergency volunteer list?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership or Volunteer	
<input type="checkbox"/> Member - \$50 for 3-year membership	<input type="checkbox"/> Volunteer only , status:
	<input type="checkbox"/> Current Volunteer <input type="checkbox"/> New Volunteer

Members Only – Payment Details	
Pay via:	<input type="checkbox"/> Cash

Working With Children Check (ONLY REQUIRED FOR HOME VISIT VOLUNTEERS)
 visit <http://www.kidsguardian.nsw.gov.au/child-safe-organisations/working-with-children-check>

WWC number:	Expiry date:
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Declaration

I hereby apply to become a member / volunteer (CROSS OUT WHICH DOES NOT APPLY) of Embrace Kids Foundation. In the event of my admission as a member or volunteer, I agree to be bound by the constitution and policies of the organisation for the time being in force.

I give my permission for photographic images and/or recordings in which I appear to be used for publication and promotional purposes by Embrace Kids Foundation. I understand this might include use in print and electronic media including social media and Embrace Kids Foundation's website and may be used for any or all of these purposes unless I have specified an exemption.

Signature of applicant:	Date:
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(OFFICE USE)

<input type="checkbox"/> Membership payment confirmed, details:	Date of membership expiry/renewal:
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<input type="checkbox"/> Board approval, Name and signature:
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