



# Mission Team Volunteer Form

## Education Transformations

Education Transformations partners with Tiwi Education Board, Transforming Skills Inc, NT Christian Schools, Families And Schools Together (FAST) and a range of other schools and agencies.

Name of Mission Team: \_\_\_\_\_

Leader or organiser of Mission Team: \_\_\_\_\_

- Last name\*: \_\_\_\_\_
- Middle name/s: \_\_\_\_\_
- First name\*: \_\_\_\_\_
- Preferred name: \_\_\_\_\_
- Date of birth\*: \_\_\_\_\_
- Place of birth: \_\_\_\_\_

• Gender\*: (circle one)      Male                      Female

- Home phone\*:      \_\_\_( \_\_ )\_\_\_\_\_
- Work phone\*:      \_\_\_( \_\_ )\_\_\_\_\_
- Mobile:              \_\_\_( \_\_ )\_\_\_\_\_
- Fax:                    \_\_\_( \_\_ )\_\_\_\_\_
- Email\*: \_\_\_\_\_
- Residential address:
  - Street \_\_\_\_\_
  - Suburb \_\_\_\_\_
  - Town \_\_\_\_\_
  - State \_\_\_\_\_
  - Post code \_\_\_\_\_
  - Country (if not Australia) \_\_\_\_\_

- Postal address\* :
  - Street \_\_\_\_\_
  - Suburb \_\_\_\_\_
  - Town \_\_\_\_\_
  - State \_\_\_\_\_
  - Post code \_\_\_\_\_
  - Country (if not Australia) \_\_\_\_\_

\*It is compulsory to answer these questions for your application to be accepted.

- Are you an Australian citizen or permanent resident\*? (circle one)      Yes      No
- What is your current employment status? (circle one)  
Full-time      self employed      part-time      retired      unemployed      student
- Do you hold a current drivers licence\*? Y / N      Classes? \_\_\_\_\_
- Please indicate the amount of time you will be available for\*?  
Flexible      2-4 weeks      6-8 weeks      2-4 months      4-6 months
- Preferred start date\*:      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

other comments:

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- Do you have any special considerations Education Transformations should be aware of\*? Y / N
- Are there any medical conditions or special needs Education Transformations should be aware of\*? Y / N

Please specify...

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- Skills /interests: (circle options)  

teaching/training	health work/first aid/nursing	language/literacy/library
building/carpentry	mechanic      steel work	gardening/landscape
life skills/cooking/sewing	advocacy      other	

• Work experience\*: \_\_\_\_\_

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\*It is compulsory to answer these questions for your application to be accepted.



- Professional referee 2\*:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

phone number: \_\_\_\_\_

- Personal referee 1\*:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

phone number: \_\_\_\_\_

- Personal referee 2\*:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

phone number: \_\_\_\_\_

- How did you hear about Education Transformations\*? (tick box)

Web    radio    newspaper    TV    word of mouth    other

- I agree to have my details shared with Education Transformations partner organisations. (tick box)  *Leaving this box empty will greatly limit the options we are able to offer you.*

I would **not** like to receive Education Transformations newsletters.

Thank you for all the information you have provided. We will send you a confirmation email once we have received the completed form and as the appropriate vacancies become available you will be contacted by us or our partner organisations who may be interested in your application.

Kind Regards,  
The Education Transformations team

\*It is compulsory to answer these questions for your application to be accepted.

**To submit your application, please choose from one of the following:**

Give this application form to your team leader or group organiser.

**OR**

Email: [admin@edtrans.org.au](mailto:admin@edtrans.org.au)

Post: Education Transformations, P O Box 352, Karama, Darwin, NT 0813, Australia

Fax: +61 8 8920 4399

*For any other inquiries email [admin@edtrans.org.au](mailto:admin@edtrans.org.au) or call Phillipa on +61 8 8920 4314.*

\*It is compulsory to answer these questions for your application to be accepted.