

PARENT COUNCIL FOR DEAF EDUCATION VOLUNTEER FORM

APPLICANT INFORMATION

Name:

Address:

City:

State:

Postcode:

Phone:

TTY:

Fax:

Email:

PLEASE TICK YOUR AREAS OF INTEREST OR EXPERTISE

Office duties

Education

Management

Research

Information Technology

Publicity

Social events

Fundraising

Maintenance

Other *Please specify*

SIGNATURE

Signature of applicant:

Date:

Mail to:
Project Coordinator
PCDE
PO Box 4748
North Rocks NSW 2151