



Australian Museum of Clothing and Textiles Inc.

Volunteer Registration Form

Name:

Address:

.....

Phone: (H)..... (M).....

Email:

(Please be mindful of numerals and upper and lower case letters)

Do you have a current Working With Children Check?

- YES
- NO

If YES please supply WWCC number

Signature: Date

Where did you learn about AMCAT?

In Case of Emergency Please Contact:

Name: Relationship:

Phone: Home/Work/Mobile

Phone: Home/Work/Mobile