

Confirmation of Volunteer Placement by Volunteer

To the Customer Service Manager, Volunteering ACT,

This is to confirm that I,

Name: _____

have been accepted as a volunteer with,

Organisation name: _____

In the position of: _____ **Position ID:** _____

I currently receive: *(For statistical information only. Tick only if applicable.)*

Aged Pension NewStart Youth Allowance Disability Payment

Austudy Carer Payment Parenting Payment Sickness Allowance

Other: _____

This information will only be used for administration and statistical purposes. We thank you for taking the time to return this sheet to us.

Customer Service Manager, Volunteering ACT

Please return to:

Volunteering ACT, Referral Manager, PO Box 48. Belconnen, ACT, 2616, or
Fax: (02) 6251 4161

For further enquiries please phone: (02) 6251 4060

Volunteering ACT are interested in any thoughts you have on our services. Please make comment on the bottom of this sheet.

Comments:
