



# VOLUNTEERING

## WA DISABLED SPORTS ASSOCIATION INC.

c/-Leisurelife Centre, Cnr Kent & Gloucester Sts, P O Box 1162, East Victoria Park WA 6981  
Phone: (08) 9470 1442, Fax: (08) 9470 3878, Email: [reception@wadsa.org.au](mailto:reception@wadsa.org.au),  
Web: [www.wadsa.org.au](http://www.wadsa.org.au)

WADSA is a peak body for disabled sport and recreation in Western Australia. Our role is to assist with and provide opportunities in sport and recreation for people with disabilities. We have 29 members clubs that encompass a wide range of disabilities including blind golfers, disabled water skiers, electric wheelchair athletes, riding for the disabled, amputees, transplant recipients and those with intellectual disabilities. WADSA has a vision "People with disabilities are empowered to participate in sport and recreation.

We are a charitable, non profit making, sport and recreation umbrella organisation for disabled individuals and groups. Our organisation was incorporated on the 8th December 1983. Subsequently, the Charity Certificate of Registration was issued on the 25th January 1984

If you would like to know more about the Association why not visit our website [www.wadsa.org.au](http://www.wadsa.org.au) and have a look at the vast range of activities available for people with disabilities.

If you are interested in being involved as a volunteer please complete the enclosed form and send it back to WADSA, P O Box 1162, East Victoria Park, WA, 6981. Once received you will be called to discuss or arrange a time for us to get together. Together we will determine where you would like to be involved and what availability you have.

If you have any queries when completing this form, please phone the WADSA office on (08) 9470 1442 or email [reception@wadsa.org.au](mailto:reception@wadsa.org.au) .



# VOLUNTEER FORM

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### Personal Details

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ P/CODE: \_\_\_\_\_

#### CONTACT DETAILS

(Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

(Email) \_\_\_\_\_

### Why do you want to volunteer? What has motivated you to get in touch with us?

### Have you ever done volunteer work before? If yes, tell us a little about the experience.

## Availability

When are you available for volunteer/community work?

Totally Flexible

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
Overnight							

**STUDENTS ONLY:** Total number of volunteer/community work hours you are required to do \_\_\_\_\_

Date/s required to be completed \_\_\_\_\_

## Please tick your area of interest/type of activity from list below;

<input type="checkbox"/>	Junior Carnivals
<input type="checkbox"/>	Overnight Camps
<input type="checkbox"/>	Competitions General

<input type="checkbox"/>	Competitions-Swimming
<input type="checkbox"/>	Competitions-Athletics
<input type="checkbox"/>	Competitions-Boccia, Carpet & Lawn Bowls

<input type="checkbox"/>	Aquatics
<input type="checkbox"/>	High Support Needs Activities
<input type="checkbox"/>	Information on WADSA Member Clubs requiring volunteers

## Is there any additional information you would like to bring to our attention?

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For more information about WADSA visit our website [www.wadsa.org.au](http://www.wadsa.org.au) .