



## RETURNING Volunteer Application Form

Uluru Health Care Centre & Uluru Children's Home  
Alamparai, Tamil Nadu, India

Please complete the form and return to TEWOAF by email: [admin@tewoaf.org.au](mailto:admin@tewoaf.org.au).

### *Personal Details*

Surname:		Given Name:	
		Preferred name:	
Postal Address:		<u>Phone:</u>	
Residential Address (if different):		Home:	
		Work:	
		Mobile:	
Email:		Date of Birth:	

### *Emergency Contact Details*

Name:		Relationship:	
Address:		<u>Phone:</u>	
		Home:	
		Work:	
		Mobile:	
Email:			

### *Details of Planned Visit:*

Planned length of volunteer placement?	
Planned Date of Arrival?	Planned date of departure?
Method of Arrival?	

***Previous Placement Details***

Please note approximate dates and duration of your previous visit(s)?

Please summarise the work you did on previous placements.

What do plan to do during your time as a volunteer during this visit?

Is there anything else you would like to add in support of your application?

Thank you for completing this application.

Your application will be processed and you will be contacted shortly.

**Please note: The East West Overseas Aid Foundation requires ALL visitors to UCH to have a current police clearance on record.**

If you are unsure as to whether or not your previous police check is current, please contact TEWOAF by email: [admin@tewoaf.org.au](mailto:admin@tewoaf.org.au).