



syiyaya Reconciliation Movement

for all peoples living within the shishálh homelands

Please send completed form to scsyiyaya@gmail.com

VOLUNTEER FORM

Confidential

Personal details

Name: _____ Date: _____

Address: _____

Postal Code: _____

Telephone: _____ Email: _____

Age: _____ Current occupation: _____

Please list any skills or qualifications you think might be relevant to volunteering with syiyaya: _____

Volunteer interests

Please check all applicable:

- | | | |
|--|---|---|
| <input type="radio"/> Book keeper/Accounting | <input type="radio"/> Monitor Facebook, post events, links, etc. | <input type="radio"/> Web page designer |
| <input type="radio"/> Syiyaya history keeper (newspaper articles, events, announcements) | <input type="radio"/> Short-term project coordination support | <input type="radio"/> Project coordinator (paid position) |
| <input type="radio"/> Volunteer coordination | <input type="radio"/> Event organisation (Healing ceremony, educational events, etc.) | <input type="radio"/> Event support |

Any other special areas of interest for volunteering with syiyaya? _____



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What days/times are you available to volunteer? (Circle all that apply)

Sunday Monday Tuesday Wednesday Thursday Friday Saturday
Mornings Afternoons Evenings

Frequency of availability:

- ☐ Once only
- ☐ Ongoing basis
- ☐ Other:

Why are you interested in volunteering with syiyaya?
