



VOLUNTEER LEADERSHIP PROGRAM

ENDORSEMENT FORM



Applicant details

I, the applicant, confirm that the information provided is true and correct and that I am an active volunteer in the emergency service sector.

First name

Surname

SIGNATURE

DATE

Endorser details

I confirm that the applicant is a volunteer member in an emergency management focused agency and has agency endorsement to apply for this program.

First name

Surname

Organisation

Phone

Email

Additional requirements

SIGNATURE (Agency Authorisation)

DATE

Statement of Authenticity

- Please return completed applications to AIDR: events@aidr.org.au
- To help us process applications, please include the location, year of your preferred course, and your surname in the subject line of the email.
For example: VLP, Perth, 2023 SMITH

- Make sure you attach this application before sending

If you have any questions about the VLP or wish to discuss special needs, please contact us.