

**VOLUNTEER EXPRESSION OF INTEREST**

Personal Details						
Full name						
Date of birth						
Residential address (5 years from-to)						
Date from-to						
Date from-to						
Date from-to						
Postal address						
Home phone				Mobile		
Previous Name (Maiden)				DOB		
Place of Birth						
Email address						
Emergency Contact Details						
Full Name						
Relationship				Phone		
Do you have a pre-existing injury or medical condition/disability that would affect your ability to Volunteer?						<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, can you please provide details below;						
Employment/Volunteer Experience						
Employer		Position Held			Year	Paid/Volunteer
Availability						
Day	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
Time						
Service	<input type="checkbox"/> Healthy Connections <input type="checkbox"/> Garden/Maintenance <input type="checkbox"/> Transport <input type="checkbox"/> Nursery <input type="checkbox"/> Community Support & Wellness <input type="checkbox"/> Day Respite <input type="checkbox"/> Café					
Position	<input type="checkbox"/> Respite Assistant <input type="checkbox"/> Café & Kitchen Assistant <input type="checkbox"/> Garden Maintenance <input type="checkbox"/> Building Maintenance <input type="checkbox"/> Nursery Assistant <input type="checkbox"/> Transport Driver <input type="checkbox"/> Transport Bus Assistant <input type="checkbox"/> Seniors Activities Assistant <input type="checkbox"/> Project Pantry <input type="checkbox"/> Administration Assistant					
I am happy to complete an application for a Blue Card with Yellow Card Exemption and a National Police Check.						<input type="checkbox"/> Yes <input type="checkbox"/> No

**VOLUNTEER DECLARATION**

I confirm that the information I have listed above is true and correct.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date