

VOLUNTEER EXPRESSION OF INTEREST

Mr Mrs Miss Ms Prof Rev Dr Other: _____

First name: _____ Last name: _____

Date of birth: _____

Address: _____

Suburb: _____ Postal code: _____

Preferred phone number: _____

Email address: _____ Driver's License: _____

Emergency Contacts:

1. Name: _____ Contact number: _____

Relationship: _____

2. Name: _____ Contact number: _____

Relationship: _____

How did you find out about volunteering with the Lyell McEwin Volunteer Association?

How often would you like to volunteer? Regularly Once Off

Within a set time frame: (Please specify) _____

What are your interests / Hobbies?

Have you volunteered before? Where, When?

Do you have a Current National Police Check: Yes No

Do you have a Current DCSI clearance: Yes No

Are you required to do volunteer work for Centrelink reasons? Yes No Hours: _____

Do you have a disability or medical condition which may affect your ability to do certain types of volunteer work that we need to know about? Yes No

In which area would you like to volunteer?

- | | |
|--|--|
| <input type="checkbox"/> Volunteer office support | Retail |
| <input type="checkbox"/> Hospital Wards volunteers | <input type="checkbox"/> <i>Gift Shop</i> |
| <input type="checkbox"/> Administrators for Electric Wheelchairs | <input type="checkbox"/> <i>Market Stall</i> |
| <input type="checkbox"/> Guides | |
| <input type="checkbox"/> Play Space (child-minding) | Fund Raising |
| <input type="checkbox"/> Training Team | <input type="checkbox"/> <i>BBQ</i> |
| <input type="checkbox"/> Arts and crafts | <input type="checkbox"/> <i>Raffle ticket desk</i> |
| <input type="checkbox"/> GEMU- older people care (Modbury) | <input type="checkbox"/> <i>Gift Wrapping</i> |
| <input type="checkbox"/> Respite care (Ladies Group Driver) | |

Signature _____

Date: _____