

Volunteer Expression of Interest Form

Thank you for your interest in volunteering with Your Community Health. If you would like to volunteer with us, we invite you to complete this form and return it to the Volunteer & Community Support Officer by dropping it off at 125 Blake St East Reservoir. Or return email to silvia.carbone@yourcommunityhealth.org.au

Please include a Resume, if you have one available. You can refer to it in answer to some the questions below. We will then contact you to discuss current volunteer opportunities.

First Name		
Surname		
Year of Birth		
Contact Details	Phone/Mobile :	
	E-mail:	
How did you find out about our Volunteer Program?		
Why do you want to Volunteer with us		
What type of volunteer work would you like to do? If you are applying for a specific role please include title here.		
Please list your skills and experience		
Please list your interests and hobbies		

Please list any qualifications certificates or courses you have done?	
Please list language/s other than English you speak.	
Brief outline of any paid or unpaid work. Please list the duties and responsibilities.	
What is your availability? (How many hours/days per week are you available?)	
Applicants signature	Date
Date received:	By:

Please contact the Volunteer & Community Support Officer: Silvia Carbone on the e-mail above if you have any concerns with completing this form.