

**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 and Community Support Officer by emailing [silvia.carbone@yourcomunityhealth.org.au](mailto:silvia.carbone@yourcomunityhealth.org.au) or returning it to at 125 Blake Street, East Reservoir, VIC 3073.

Please include a CV 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.

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| --- | --- | --- | --- | --- | --- | --- |
| **Please select** | * **Mr** | * **Mrs** | | * **Ms** | * **Miss** | * **Other** |
| **First Name** |  | | | | | |
| **Surname** |  | | | | | |
| **Date of Birth** |  | | | | | |
| **Contact Details** | **Phone/Mobile :** | |  | | | |
| **E-mail:** | |  | | | |
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| 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/ Which days?). | | |  | | | |
| Applicants signature Date | | | | | | |
| Date received: By: | | | | | | |

**Please contact the Volunteer & Community Support Officer, Silvia Carbone -** [silvia.carbone@yourcomunityhealth.org.au](mailto:silvia.carbone@yourcomunityhealth.org.au) **- if you have any concerns with completing this form.**