



Volunteer Expression of Interest Form

Your Details:			
Full Name:			
Postal Address:			
Email Address:			
Telephone Numbers:			
Home		Mobile	

What type of volunteer work would you like to do?

☐

Library

☐

Community Events

☐

Justice of the Peace

Why do you wish to volunteer at the Town of Walkerville?

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Have you been a volunteer before?

☐ Yes

☐ No

If yes, please provide details:

Where:			
Length of service: (i.e. number of months/years):		Hours per week (average):	
Example of duties performed:			
Where:			
Length of service: (i.e. number of months/years):		Hours per week (average):	
Example of duties performed:			



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Have you any formal qualifications, trade certificates, interests or special skills you would like us to be aware of? ☐Yes ☐No If yes, please provide details:

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What languages do you speak?

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We encourage the flexibility afforded to volunteers and acknowledge the contribution volunteers make to us and our community. If you were successful in obtaining a volunteering position with the Town of Walkerville, please provide details of what your expected availability would be:

	9 – 11am	11 – 1pm	1 – 3pm	3 – 5pm
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Please provide two referees we may contact:

Name: Contact Nos:

Relationship: Email address:

Name: Contact Nos:

Relationship: Email address:

Thank you for expressing an interest in volunteering at the Town of Walkerville. Your application will be assessed and you will be contacted in due course.