



Volunteer Expression of Interest Form

Your Details:	
Full name:	
Address:	
Email address:	
Phone number:	
Date of birth:	
Employment status:	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Retired
Are you a person living with disability? <i>This information will be used to better support you in volunteering.</i>	<input type="checkbox"/> Yes – visibly disability <input type="checkbox"/> Yes – invisible disability <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
Do you have any other health conditions or requirements we should be aware of?	<input type="checkbox"/> Yes (please detail): _____ <input type="checkbox"/> No
Have you ever been warned or charged by the police?	<input type="checkbox"/> Yes (please detail): _____ <input type="checkbox"/> No
Do you have any criminal convictions?	<input type="checkbox"/> Yes (please detail): _____ <input type="checkbox"/> No
Do you agree to undertake a background check?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consent to Council using photos of you from time to time for publicity purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No

What type of volunteer work are you interested in?

Library

Community events

Justice of the Peace



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

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Have you been a volunteer before? Yes (If yes, please provide details below) No

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:			

Do you have any formal qualifications, trade certificates, interests or special skills you would like us to be aware of? Yes (If yes, please provide details below) No

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What languages do you speak?

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What are your preferred hours for volunteering?

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

Please provide two referees we may contact:

Name: _____ Contact number: _____

Relationship: _____ Email address: _____

Name: _____ Contact number: _____

Relationship: _____ Email address: _____

Declaration

I declare that I have completed the Expression of Interest Form myself and that the answers I have given are true and correct. I will inform Council of any changes to this information.

Signed: _____ Date: _____

If under 18 years of age, parent/guardian permission is required.

I declare that as the parent/guardian of the applicant, I give permission for this Expression of Interest Form to be submitted and confirm the answers in this form are true and correct.

Parent/guardian name: _____ Parent/guardian phone: _____

Signed: _____ Date: _____

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 if a position is available.