

VOLUNTEER EXPRESSION OF INTEREST FORM

Contact Details:

Name: _____

Address: _____

_____ DOB: _____ Email: _____

Telephone: (Mobile) _____ (Home) _____

Emergency Contact: _____

References:

Name: _____ Ph: _____

Name: _____ Ph: _____

Volunteer Areas:

Please Tick your Preferences:

- Foundation – Café & Kitchen
- Gift Shop and Ward Trolley
- Opportunity Shop
- Ward Administration
- Foundation - Events and Marketing
- Foundation - Administration
- Delivery Driver
- Breast-feeding Clinic
- West Wing Clinic Tea and Coffee Service
- Centenary Wing Tea and Coffee Service
- Social Support
- Other _____

Availability:

What days/times are you available for volunteer work?

| | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|----|-----|------|-----|-------|-----|-----|-----|
| AM | | | | | | | |
| PM | | | | | | | |



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Current and/or Previous Positions Held: (Paid or Voluntary)

Skills:

- Administration
- Driving and Transportation
- Events and Fundraising
- Food Preparation/Service
- Marketing
- Retail and Sales
- Social Support
- _____
- _____
- _____

Signed: _____ Date: _____