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## KWINANA VOLUNTEER CENTRE DARIUS WELLS LIBRARY AND RESOURCE CENTRE, KWINANA

### VOLUNTEER EXPRESSION OF INTEREST FORM

Thank you for your expression of interest in volunteering. By providing us with the following information you will help us identify a position that suits your interests, skills, experience, location and availability. There is no guarantee that you will be accepted by the agency you select. Each agency will conduct their own screening of potential volunteers.

#### STATISTICAL DATA *the following information is requested for statistical purposes*

Are you from a non-English speaking background	Yes	No	What is your country of birth?		
Are you of Aboriginal decent?	Yes	No	Do you have a disability?	Yes*	No
Do you have a chronic illness?	Yes*	No	Do you have mental health issues?	Yes*	No
*If 'yes', please advise					
How did you find out about us?					

#### CONTACT AND BACKGROUND DETAILS

Title:	Firstname:	Surname:	
Year of birth:	Male	Female	Other
Residential address:			
Postcode:			
Mobile:	Phone:		
Email address:	@		

## YOUR EXPERIENCE, SKILLS AND ABILITIES

What are your skills and qualifications?

Previous work experience

What hobbies/activities do you enjoy?

Is there any work you are unable to do?

Any languages spoken other than English. *Please state:*

Have you volunteered before?

Yes\*

No

\*If 'yes', when?

Would you be interested in helping out at special events or 'one off' volunteering opportunities? If so, can we contact you with this information?

Yes

No

Do you have access to transport?

Own car

Public transport

Do you have (or are you willing to get) any of the following licenses or certificates (please tick all the options that apply)

Driver's Licence (C) (F) (HR) (LR) (MR)

Traffic check

Medical check

National Police Clearance

Working with children

Are you available for (on call or by appointment) for:

General volunteering

Special events

Emergency response

### CENTRELINK DETAILS *if applicable, please provide details*

Aged pension	Austudy	Carer allowance	CDEP payment
Disability pension	Mature age allowance	Newstart allowance	Parenting allowance
Service pension	Sickness benefit	Youth allowance	Other NA

Are you volunteering as part of a Centrelink obligation?

Yes\*

No

\*If 'yes', how many hours as part of your Centrelink obligation?

Are you a low income earner?

Yes

No

Which Job Service Provider are you registered with?

## PLEASE LET US KNOW WHAT TIMES AND DAYS SUIT YOU BEST TO VOLUNTEER:

Monday	am	pm	evening	Friday	am	pm	evening
Tuesday	am	pm	evening	Saturday	am	pm	evening
Wednesday	am	pm	evening	Sunday	am	pm	evening
Thursday	am	pm	evening				

## YOUR VOLUNTARY INTERESTS/SKILLS

In what areas would you like to volunteer?

Are there any causes you wish to support by volunteering?

Administration, office work  
 Adult education, workshops,  
 Advocacy, help line, citizen advice  
 Aged care, meals on wheels, assisting day centre  
 Animals, wildlife  
 Arts, crafts, sewing, photography  
 Bookkeeping, accounting, financial  
 Child care, children interests  
 Companionship, social interaction, bingo calling  
 Deaf signing, second language, interpreter  
 Disability assistance, riding for the disabled  
 Driving, delivering food hampers  
 Events, raffles, collecting, festivals  
 Food preparation and service  
 Fire fighting, sea rescue, emergency services  
 Fundraising  
 Gardening, land restoration, conservation  
 Governance, management, committees,  
 Heritage, promotional displays, museums  
 Information, tour guides and heritage  
 IT and web development  
 Library services  
 Labouring, repair, carpentry, maintenance,  
 Leisure, camping, guiding, sports, recreation  
 Marketing, media and communications  
 Music and entertainment  
 Op shops, retail, kiosks, tour guides  
 Parent support, counselling, budgeting,  
 Public relations, public speaking, marketing  
 Reporting, journalism, editing, writing  
 Research, evaluation, surveys  
 Sport and recreation  
 Tutoring and mentoring  
 Youth mentoring, tutoring, coaching, umpiring

Animal Welfare  
 Environment and Conservation  
 Museums and Heritage  
 Arts and Culture  
 Family Support  
 Community Service  
 Health Recreation  
 Disability Services  
 Homeless  
 Seniors and Aged Care  
 Disaster Relief  
 Human Rights  
 Sport  
 Drug and Alcohol Support  
 Indigenous  
 Veteran and Ex-Service Community  
 Education  
 Mentoring  
 Young People  
 Emergency Response  
 Migrant Support  
 Other (*please state* )

## WORK STATUS

What is your current work status?	Unemployed	Full time	Part time	Casual
What is your work history? <i>Most relevant</i>	Business	Commercial	Labour	Trade
	Professional	Other		

## DECLARATION

I authorise Kwinana Volunteer Centre to release information about me to member agencies in order for myself to obtain a volunteer position and give consent to my details being entered into their database to be used for volunteering related purposes.

Signature:	Date:
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**Thank you for completing this form. The Kwinana Volunteer Centre may contact you in the next few months to see how your volunteer work is going.**

## ANY ADDITIONAL INFORMATION:

### OFFICE USE ONLY

Date of interview:	Volunteer ID:
Positions referred:	
Consultation recorded in VIKTOR	Confirmation email sent of referrals
Yes No	Yes No
<i>Additional notes:</i>	