

## Volunteer Expression of Interest

### Personal Details

**Title:**  Mr  Mrs  Ms  Miss Other: .....

**Surname:** ..... **Other Name(s):** .....

**Address:** .....

.....

**State:** ..... **Postcode:** .....

**Telephone number:** ..... **E-mail Address:** .....

**Do you hold a current WA Driver's Licence?**  Yes  No

**Do you have a Volunteer National Police Clearance, less than three (3) months old?**  Yes  No

**Do you consent to the City of Bunbury keeping a copy of your Volunteer National Police Clearance?**  Yes  No

**Do you have a current Working with Children Check card?**  Yes  No

**Are you aware of any illness or injury which may be aggravated by the type of work for which you are applying?**

Yes, please specify: .....

No

**Do you have a disability?**

Yes, please specify: .....

No

**Do you identify as:**

Aboriginal,

Torres Strait Islander, or

Neither

**Were you born in Australia?**

No, please specify country .....

Yes

**Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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### Volunteering Interests

Please specify days you would like to volunteer and the hours:

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

School Hours    Afternoons Only    Mornings Only    Other .....

**Areas of Volunteering you are interested in:** Please indicate your preference by ranking the options below from 1 – your preferred option, to 5 – your least preferred.

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Bunbury Regional Art Gallery  | <input type="checkbox"/> Bunbury Visitor Centre | <input type="checkbox"/> Bunbury Wildlife Park – | Gardening and Grounds<br>Customer Service<br>Animal Attendant |
| <input type="checkbox"/> Bunbury Museum and Heritage Centre  | <input type="checkbox"/> Other                  |  |   |
| <input type="checkbox"/> I would like to place my name on a register to volunteer for special events |   |  |   |

Was there a specific position or duty you are interested in? Please note that it may not be possible to place you in your chosen position.

.....

### Referee Details

*Please ensure that referees are aware that they may be called. Referees do not have to be connected to previous employment or volunteer positions.*

**1. Name of Referee:** .....

Telephone: ..... E-mail: .....

**2. Name of Referee:** .....

Telephone: ..... E-mail: .....

**Return the completed form to the City of Bunbury via**

**EMAIL - [records@bunbury.wa.gov.au](mailto:records@bunbury.wa.gov.au) .**

*or*

**POST**

**The City of Bunbury**

**PO Box 21**

**Bunbury WA 6231**

**I hereby declare** that information supplied by me in relation to this application is to the **best of my knowledge and belief, true and accurate**, and that I have not knowingly withheld information. I understand that if I give false information, the City of Bunbury may disregard my application or end my volunteer involvement.

Applicant's Signature: ..... Date: .....

**Thank you for your interesting in volunteering with the City of Bunbury.**

**Your Expression of Interest will be kept on file for a period of twelve (12) months; you may be contacted regarding possible volunteer positions during this time.**

**Minimum age 15 years and over**