

VOLUNTEER EXPRESSION OF INTEREST FORM

PERSONAL DETAILS	
Full name	
Address	
Date of birth	
Home phone	
Mobile number	
Email	

AREAS OF INTEREST	
<input type="checkbox"/> Emergency Worker Volunteer	<input type="checkbox"/> NILS Interviewer

CURRENT EMPLOYMENT STATUS		
<input type="checkbox"/> Employed full time	<input type="checkbox"/> Studying	<input type="checkbox"/> Looking for employment
<input type="checkbox"/> Employed part time	<input type="checkbox"/> Retired	<input type="checkbox"/> Other: _____

CERTIFICATES AND LICENCES		
Current driver's licence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Police check	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Working with children check	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other licences/certificates		

EMERGENCY CONTACT DETAILS / NEXT OF KIN	
Do you have any Medical Conditions or Medication which could restrict you in doing some activities? Yes / No	
Medical Condition(s):	
Medication(s):	

EMERGENCY CONTACT DETAILS / NEXT OF KIN CONT.			
Name:			
Relationship:			
Phone:		Mobile:	

REASON FOR WANTING TO VOLUNTEER

CURRENT/PAST VOLUNTEER WORK (if applicable)

SKILL SET (please attach a copy of your resume if you have one)	
Previous employment:	Qualifications and training:
Skills:	Hobbies and interests:
Work restrictions: ie. Do you currently have an injury or illness that restricts your ability to work or carry out specific physical tasks.	

PERSONAL REFERENCES

Please Provide details of two people who could provide either a written or verbal reference for you

Name:	
Phone:	

Name:	
Phone:	

AVAILABILITY

Days	Times	Days	Times
Monday		Thursday	
Tuesday		Friday	
Wednesday		Comments:	

Thank you for your interest in volunteering. Please email this completed form (along with your resume, if available) to:

Bendigo – reception@bffs.org.au

Shepparton – sheppartoner@bffs.org.au

Alternatively, feel free to drop it off at our offices directly.