



2 Scheibener Terrace, Gawler SA 5118
 Phone: 08 8522 4601
 Email: volcoord@gawlercommunityhouse.org.au



Expression of Interest for Volunteering - (please print)

Title: Mr Mrs Ms (please circle) Other _____		Preferred name:	DOB:
First Name:	Surname:		
Address:		Post Code	
Home Phone:		Mobile:	
Email:		Do you identify as Aboriginal or Torres Strait Islander? Y / N	
Emergency Contact Name:		Emergency Contact Relationship:	
Emergency Contact Phone:			
What is your reason for wanting to volunteer? _____ _____		Are you fulfilling a Centrelink requirement? Y / N HPW _____	

Do you have any health issues or other matters that we need to know about or that may impact on your ability to carry out the tasks outlined in the position description? Yes / No

Comment: _____
 _____ Ambulance Cover Yes / No

(Please note that failure to disclose any relevant information at the time of recruitment may be considered grounds for dismissal.)

Preferred Position/s: please tick below position/s interested in – all positions are dependant on availability

<input type="checkbox"/>	Op Shop – Donation Sorter	<input type="checkbox"/>	Yard & Maintenance	<input type="checkbox"/>	Board of Management
<input type="checkbox"/>	Op Shop - Retail	<input type="checkbox"/>	Garden/Nursery Assistant	<input type="checkbox"/>	Special Events
<input type="checkbox"/>	Administration	<input type="checkbox"/>	Group Facilitator	<input type="checkbox"/>	Letterbox Drop (as required)
<input type="checkbox"/>	Kitchen/Food Handler	<input type="checkbox"/>	Tutor	<input type="checkbox"/>	Other _____

DAYS/TIMES – Availability (please indicate in box below if you are available ALL DAY, AM or PM)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
					Special Events	Special Events

Would you be willing to be on call at other times? Y / N
 Do you speak any other languages? Y / N
 Other Language _____

Prior experience/Relevant Skills: _____

Please turn page over and sign

Referees:

1. _____ contact number: _____

2. _____ contact number: _____

I declare that the information given is true and correct at the time of signing.

SIGNED **DATE**

OFFICE USE ONLY

Notes:

Appointment - Date: _____ **Time:** _____

Successful Applicant **Unsuccessful Applicant**

Volunteer Position _____

Rosters Day/s-Time _____

Start Date _____