



VOLUNTEER EXPRESSION OF INTEREST FORM

Mr Mrs Ms Miss Surname: _____
 Given Name/s: _____ Preferred Name: _____
 Date of Birth: _____ Gender: Male Female
 Private Address: _____ Town: _____ P/Code: _____
 Postal Address: _____ Town: _____ P/Code: _____
 Home Phone: _____ Mobile: _____
 Work Phone: _____ Email: _____

How did you learn about Volunteering at the Visitor Information Centre?

Local newspaper Council office
 Word of mouth Clare Valley Alliance / Industry Group
 Visitor Information Centre Staff or Volunteers Other _____

What are your reasons for seeking volunteer employment?

I am passionate about Tourism To be involved in the community
 To meet people/ interact with people Gain work experience
 Develop or practice new skills To gain paid employment
 Personal development Other: _____

Do you have any formal qualifications or skills? Yes No

If 'yes' please specify (i.e. Tourism, Marketing, Retail, Computing, Administration, Customer Service, Hospitality)

a. _____ b. _____
 c. _____ d. _____

When might you be available to volunteer?

	Mon	Tues	Wed	Thurs	Frid	Sat	Sun
Morning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency:	<input type="checkbox"/> weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> Other: _____						



What are your key interest Areas?

- Customer Service
- Helping visitors
- Retail/Stock
- Marketing/Promotions
- Administration
- Computer work
- Cleaning
- Building Maintenance
- Gardening
- Hospitality
- Other

Can you speak or write in another language? If so please specify

a. _____ b. _____

Do you have a medical condition or disability which may limit the type of volunteer work being undertaken, or for which you may require extra support? If yes, please provide details.

Referees: (someone you have known longer than two years and not a family member)

Referee 1 Name: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Relationship: _____

Best time to contact: Morning Afternoon Evening

Referee 2 Name: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Relationship: _____

Best time to contact: Morning Afternoon Evening

Consents:

I give permission for a referee check to be completed Yes No

I am willing to undertake relevant training if necessary to carry out my volunteer role. Yes No

I, _____ declare that the information given in this application is true and correct.

Signature: _____ **Date:** _____

In the case of an applicant under the age of 18 years, a parent or authorised guardian must sign as well as the applicant.

Parent/Guardian's Signature: _____ Date: _____

Volunteer Coordinator: _____ Date: _____