



The information you provide is confidential and stored in a password protected database. Any identifying information will not be shared with any other organisation without your permission.

Details:

Title: *(Please circle)*

Ms

Miss

Mrs

Mr

First Name: _____

Last Name: _____

Email Address: _____

Postal Address: _____

Suburb: _____ Postcode: _____

Phone – Home: _____ Mobile: _____

Year of Birth: _____ Country of Citizenship: _____

Availability: (eg 8.30am – 5.00pm)

Monday – Please enter time available _____

Tuesday – Please enter time available _____

Wednesday – Please enter time available _____

Thursday – Please enter time available _____

Friday – Please enter time available _____

Weekends – Please enter time available _____

Transport and Licences: *(Please select which transport options are available to you)*

Public Transport

Own Car

I have a current drivers licence



Experience:

Please describe your work and volunteering experience

Do you have any considerations that may affect the type of work you can do?

Yes

No

If yes, please provide brief outline

What is your current work status?

Employed Full Time

Employed Part Time/Casual

Unemployed

Retired

Anything else you would like to tell us about?

Please tick the areas you are interested in volunteering

Community Events

Neighbourhood Watch

Seniors

Libraries

Community Transport

Youth (Aged 12-24)

Community Safety

Arts and Culture

Thank you for expressing interest to volunteer at the City Rockingham. An Officer will contact you shortly.

Should you have any questions regarding this form, please contact