

## Volunteer Expression of Interest

Name	
Address	
Phone – Home	
Phone – Mobile	
Email	
Emergency contact:	Name: Phone number:
Do you have a disability or medical condition that we need to be aware of, whether or not it may affect your ability to do certain tasks? (e.g. diabetes, epilepsy, back injury.. etc)	
Are you on any medication that we may need to be aware of?	
Certain tasks/activities could involve coming in contact with children. We ask that our volunteers and staff obtain a Blue Card (free for volunteers). If you already have a current Blue Card we will request a copy for our records.	
<ul style="list-style-type: none"> <li>• What would you like to gain from volunteering? (e.g. work experience...)</li>   <li>• What are your skills and strengths?</li>   <li>• List some of your past work experiences:</li> </ul>	
What is your preferred volunteering day?	MON TUE WED THU FRI 9.00am to 12.30pm - 12.30am to 4.00pm - 9am to 4 pm