

Volunteer Expression of Interest

| | |
|---|--|
| First Name | |
| Surname | |
| Preferred Name | |
| Date of Birth | |
| Address | |
| Phone No | |
| Email | |
| Emergency Contact Name Relationship Mobile | |
| Languages spoken | |
| Do you have a current driver's licence? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have your own car? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What experience have you had with children and young people? | |
| Name any courses you have participated in that are to do with children, youth or trauma-informed care | |
| Any other relevant experience? | |
| Which type of volunteering that interests you? | <input type="checkbox"/> Client Contact <input type="checkbox"/> Non Client Contact <input type="checkbox"/> Carer <input type="checkbox"/> Student Placement |
| Why do you think you would be good in this role? | |
| Work and other commitments: | |
| Date form completed: | |

Thank you for your expression of interest in volunteering with The Burdekin Association.

Once completed, please return to volunteer@burdekin.org.au