



VOLUNTEER EXPRESSION OF INTEREST FORM

Please return this form to:
23 Highbury Grove, KEW 3101 or BCOVolCoord@gmail.com
For more information call: Natalie Dixon-Monu 0409-019-269

Name:			
Phone:		Mobile:	
Email:			

List any particular skills/hobbies/qualification you would be interested in offering as a Volunteer:

Do you have any experience working with people who have mental illnesses or disabilities?:

Please list:

What interests you about volunteering at BCO?

Please tick days and write times you may be available

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Volunteer Tasks: Please tick the activities and roles you might be interested in participating in:-

<input type="radio"/> Food preparation/ cooking	<input type="radio"/> Women's group	<input type="radio"/> Driving people to medical appointments
<input type="radio"/> Art programs and projects	<input type="radio"/> Sorting/ managing emergency relief stock	<input type="radio"/> Faith based activities – Monthly church services
<input type="radio"/> Craft Activities	<input type="radio"/> Sorting/ managing emergency relief stock	<input type="radio"/> Offering professional skills ie. hairdressing, massage, clothing repairs (sewing)
<input type="radio"/> Community Choir	<input type="radio"/> Handy man activities	<input type="radio"/> Mini bus driver
<input type="radio"/> Community Dances	<input type="radio"/> Event setups/ general assistance	<input type="radio"/> Other, please specify:

- **Do you have a Working with Children Check?** Yes/No
Number: _____ Expiry Date: _____
- **Do you have a current Police Check?** Yes/No Year: _____
- **Do you have a current First Aid Certificate?** Yes/No Year: _____
- **Are you part of a community organisation or church?** Yes/No
Name of group is: _____

Current Referees: Please supply us with two Referees (personal or professional)

Referee Name:	
Relationship or position Organisation:	
Phone:	

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Relationship or position Organisation:	
Phone:	