

VOLUNTEERING

Expression of Interest

Upper Beaconsfield Community Centre

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Email: office@ubcc.org.au Web: www.ubcc.org.au

Surname :							
First Name :							
Email:							
Dontal	Address:						
Postal	Suburb:				Suburb:	Post Code :	
Desidential	Address:						
Residential Suburb:				Suburb: Post Code :			
Home Phone :				Mobile :			
Fax Number :					Business Phone :		
Languages Spoken:				Date of Birth:			
Work/Volunteer Experience :							
Special Skills & Hobbies :							
Tune of Work Professed I							
Type of Work Preferred:							
Availability:				Area (Location) of Work Preferred :			
	☐ Monday☐ AM☐ PM☐ Evening☐ Tuesday☐ AM☐ PM☐ Evening						
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☐ Frido	•	AM [☐ Evening			
		AM L		☐ Evening	Commitment:		
Current Certifica		AM _	PM	☐ Evening	☐ Ongoing	☐ One Off ☐ Event	
	First Aid Certificate □ Drivers License						
	Working with Children Check						
Other							
Please provide 2 Character References : 1 Professional, 1 Personal Name :							
Professional	Address:						
	Suburb:				Post Code :	Phone/Mobile :	
	Name :						
Personal	Address:						
	Suburb:				Post Code :	Phone/Mobile :	
By volunteering through Upper Beaconsfield Community Centre, photographs of your participation in our programs will occasionally be used to promote our work, ie.,							
newsletters, Facebook, website, reports. Please indicate your approval or non approval of this request. Uses I agree to have my Photograph taken No I do not wish my Photographic to be taken							
I hereby certify that I have answered each of the questions above with truth and the information supplied is correct							
Signed: Date:						Date:	
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