

## **Volunteer Expression of Interest Form**

This form can also be completed online							
Volunteer Details							
First Name	2:	Surname:	Surname:				
Address:							
Suburb:			State:	Post	code:		
Phone:							
Email:							
Gender:	Male / Female Date of B	irth:		Shirt	t Size:		
Do you have any pre-existing health conditions which we should be aware of when allocating tasks? Yes $\square$ No $\square$							
If yes, please describe:							
Emergency Contact Details							
First Name:			Surname:	Surname:			
Relationsh	ip:		Phone:				
Licences, Qualifications and Experience							
Do you have a current Drivers Licence? Yes \  No \  Do you have RSA accreditation? Yes \  No \  Do you have a current First Aid Certificate? Yes \  No \  Do you have a current Blue Card? Yes \  No. Blue Card Number: \  Expiry Date: \  Do you have a food handling certificate? Yes \  No \  Have you had barista training? Yes \  No \  Do you have any other licenses, qualifications or skills that would assist in a fundraising role? If yes please describe:  Have you been involved in other events either in a paid or voluntary capacity? Yes \  No \  If yes, please describe the event and types of roles you were involved in: \  \  \  \  \  \  \  \  \  \  \  \  \							
Current Working Status (multiple selections permitted)							
	Employed Full Time	Retired			Traveler		
	Employed Part Time	Student			Job Seeker		
	Employed Casual	Home Du	ties		Income Support		
Reason for Volunteering (multiple selections permitted)							
	Keep busy	Making a commun	difference to the ty		Social interaction and a chance to meet people		
	Work experience Utilise existing skills	Centrelin referred	k or Job Network				
Ш	Explore areas of interest	Practicing	g English				

Type of Volunteering Role (multiple selections permitted)							
Administration Roles	Food Preparation / Cooking*	Setup / Pack down Roles*					
Customer Service Roles	Promotional / Marketing Roles*	Cleaning / Maintenance Roles*					
*The roles may entail extended periods on your feet or walking							
Preferred Volunteering Days and Times (multiple selections permitted)							
Pre-event							
Saturday Times available	Post Event						
Specific Requests or Information to Accompany your Expression of Interest							
Extra Questions							
Would you like to volunteer for other events and fundraising opportunities managed by THF? Yes ☐ No ☐							
How did you hear about volunteering at the THF?							
Submitting your Expression of Interest							
Online: Complete this form online at www.toowoombahospitalfoundation.org.au							

Email: Forward a completed form to

info@toowoombahospitalfoundation.org.au

**Toowoomba Hospital Foundation** 

PO Box 7646

TOOWOOMBA SOUTH QLD 4350

A member of THF will make contact with you to confirm if your application has been successful or not. Confirmed THF volunteers will receive further details about their roles and may be required to attend an interview and/or pre event training session depending on the role.

Should you have any enquiries about volunteering at the Toowoomba Hospital Foundation, please phone Stacey on 4616 6166.

