



Volunteer Expression of Interest Form

This form can also be completed online

Volunteer Details

First Name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____

Email: _____

Gender: Male / Female Date of Birth: _____ Shirt Size: _____

Do you have any pre-existing health conditions which we should be aware of when allocating tasks? Yes No

If yes, please describe: _____

Emergency Contact Details

First Name: _____ Surname: _____

Relationship: _____ 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)*

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Employed Full Time | <input type="checkbox"/> Retired | <input type="checkbox"/> Traveler |
| <input type="checkbox"/> Employed Part Time | <input type="checkbox"/> Student | <input type="checkbox"/> Job Seeker |
| <input type="checkbox"/> Employed Casual | <input type="checkbox"/> Home Duties | <input type="checkbox"/> Income Support |

Reason for Volunteering *(multiple selections permitted)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Keep busy | <input type="checkbox"/> Making a difference to the community | <input type="checkbox"/> Social interaction and a chance to meet people |
| <input type="checkbox"/> Work experience | <input type="checkbox"/> Centrelink or Job Network referred | |
| <input type="checkbox"/> Utilise existing skills | <input type="checkbox"/> Practicing English | |
| <input type="checkbox"/> Explore areas of interest | | |

Type of Volunteering Role *(multiple selections permitted)*

- | | | |
|---|---|--|
| <input type="checkbox"/> Administration Roles | <input type="checkbox"/> Food Preparation / Cooking* | <input type="checkbox"/> Setup / Pack down Roles* |
| <input type="checkbox"/> Customer Service Roles | <input type="checkbox"/> Promotional / Marketing Roles* | <input type="checkbox"/> Cleaning / Maintenance Roles* |

**The roles may entail extended periods on your feet or walking*

Preferred Volunteering Days and Times *(multiple selections permitted)*

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Pre-event | |
| <input type="checkbox"/> Saturday Times available... | <input type="checkbox"/> 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 thf@health.qld.gov.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.