



VOLUNTEERING at NYCH - EXPRESSION OF INTEREST

Confidential

Name :

Address:
.....
.....

Telephone: **Mobile**

Email:

Please describe in a few sentences why you are interested in working at NYCH as a volunteer:

.....
.....
.....
.....
.....
.....

What type of work are you interested in doing at NYCH?

.....
.....
.....

Preferred location? **Carlton** **Fitzroy** **Collingwood** **Any of these**
(Please circle)

Time you have available to contribute to NYCH (*days/hours per week. Please specify days if possible, e.g.. Tuesday morning, all day Wednesday*)

.....
.....

Please describe any qualifications, skills, experience you have which may be relevant:

.....
.....
.....
.....
.....
.....
.....

How did you hear about volunteering at NYCH?

- Through another volunteer
- Direct inquiry
- Community group
- Other.....
-

Please list the name, address and telephone number of three referees whom NYCH could contact regarding your expression of interest in volunteer work.

.....
.....
.....

Consent to Police Check

Signed: **Date:**

.....

Thank you for your interest in volunteering at NYCH.

Please post or deliver this form to any NYCH centre in a sealed envelope, marked "Confidential" and addressed to:

**Bich Ha
Volunteer Co-ordinator
North Yarra Community Health
622 Lygon Street
NORTH CARLTON 3054**