

## Volunteer Expression of Interest

First Name	
Surname	
Preferred Name	
Date of Birth	
Address	
Phone No	
Email	
<b>Emergency Contact</b> Name Relationship Mobile	
Languages spoken	
Do you have a current driver's licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have your own car?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What experience have you had with children and young people?	
Name any courses you have participated in that are to do with children, youth or trauma-informed care	
Any other relevant experience?	
Which type of volunteering that interests you?	<input type="checkbox"/> Client Contact <input type="checkbox"/> Non Client Contact <input type="checkbox"/> Carer <input type="checkbox"/> Student Placement
Why do you think you would be good in this role?	
Work and other commitments:	
Date form completed:	

Thank you for your expression of interest in volunteering with The Burdekin Association.

*Once completed, please return to [volunteer@burdekin.org.au](mailto:volunteer@burdekin.org.au)*