Administration
Cnr Gilmore Ave & Sulphur Rd, Kwinana WA 6167 | PO Box 21, Kwinana WA 6966
Hours Mon-Fri 8:30am-4:30pm | **Telephone** Mon-Fri 8:00am-5:00pm 08 9439 0200
NRS 133 677 (hearing/speech impaired) | **TIS National** 131 450 (Translating and Interpreting Service)
customer@kwinana.wa.gov.au | **www.kwinana.wa.gov.au**

KWINANA VOLUNTEER CENTRE
VOLUNTEER EXPRESSION OF INTEREST FORM

Thank you for your expression of interest in volunteering. By providing us with the following information you will help us identify a position that suits your interests, skills, experience, location and availability. There is no guarantee that you will be accepted by the agency you select. Each agency will conduct their own screening of potential volunteers.

PRIVACY COLLECTION NOTICE

The City of Kwinana, through the Kwinana Volunteer Centre, collects the personal information in this form to respond to your enquiry, identify suitable volunteering opportunities, contact you, manage referrals and follow up on placements.

Providing identifying and contact information is voluntary, but the Centre cannot arrange a referral without enough information to identify and contact you. Optional statistical and participation-requirement questions may be left blank and will not affect your eligibility for referral.

The Centre usually discloses only the minimum information needed for a referral to a volunteer-involving organisation that you select or approve. This may include your name, contact details, relevant skills and experience, availability, transport or licence information and any adjustment information you ask us to communicate. Optional statistical information and participation-requirement information will not be disclosed unless you separately consent or disclosure is required or authorised by law.

The City will hold the information in its records and information systems, protect it against misuse, loss and unauthorised access, modification or disclosure, and retain or dispose of it in accordance with applicable recordkeeping requirements.

To request access to or correction of your information, or to make a privacy enquiry, contact the City of Kwinana Privacy Officer using the contact details in the City's current Privacy Statement.

STATISTICAL DATA

Optional Statistical Information

These questions are optional and are used only for de-identified service planning, evaluation and reporting. They are not used to assess your suitability and are not disclosed to member organisations. You may choose 'Prefer not to say'. By completing a question that asks for sensitive personal information, you expressly consent to the City collecting that information for the stated statistical purpose.

Do you speak a language other than English at home? ☐ Yes ☐ No ☐ Prefer not to say

What is your country of birth? _____ ☐ Prefer not to say

Do you identify as Aboriginal and/or Torres Strait Islander? ☐ Yes ☐ No ☐ Prefer not to say

Do you identify as a person with disability? ☐ Yes ☐ No ☐ Prefer not to say

How did you find out about us? _____

CONTACT AND BACKGROUND DETAILS

Title _____ First name _____ Surname _____

Age or age range *(complete only if needed to match an age-restricted opportunity)* _____

Residential address _____ Postcode _____

Mobile _____ Phone _____

Email address _____

YOUR EXPERIENCE, SKILLS AND ABILITIES

What are your skills and qualifications?

Previous work experience

What hobbies/activities do you enjoy?

Do you require any adjustment or support to participate safely in volunteering?
(Optional. You do not need to provide a diagnosis. Please describe only the adjustment or support you would like us to consider or communicate.)

Any languages spoken other than English. Please state:

Have you volunteered before? ☐ Yes* ☐ No

*If 'yes', when?

Would you be interested in helping out at special events or one-off volunteering opportunities? If so, can we contact you with this information? ☐ Yes* ☐ No

Do you have access to transport? ☐ Own car ☐ Public transport

Do you have (or are you willing to get) any of the following licences or certificates
(please tick all options that apply)

☐ Driver's Licence (C) (F) (HR) (LR) (MR) ☐ Traffic check ☐ Medical check

☐ National Police Clearance ☐ Working with Children

Do not attach or provide copies of police clearances, Working with Children Checks, medical checks or licences at this expression-of-interest stage. The relevant organisation will advise what evidence is required and provide its own privacy notice before collecting it.

Are you available for (on call or by appointment) for:

☐ General volunteering ☐ Special events ☐ Emergency response

PARTICIPATION REQUIREMENTS

Optional, complete only if relevant

Are you volunteering to meet an external participation requirement? ☐ Yes ☐ No

If yes, required hours Name of provider

Do not provide the type of payment or benefit. That information is not required for a referral unless the Centre has identified and documented a specific lawful need.

AVAILABILITY

Please let us know what times and days suit you best to volunteer

	AM	PM	EVENING
Monday	☐	☐	☐
Tuesday	☐	☐	☐
Wednesday	☐	☐	☐
Thursday	☐	☐	☐
Friday	☐	☐	☐
Saturday	☐	☐	☐
Sunday	☐	☐	☐

YOUR VOLUNTARY INTERESTS/SKILLS

In what areas would you like to volunteer?

- ☐ Administration, office work
- ☐ Adult education, workshops
- ☐ Advocacy, help line, citizen advice
- ☐ Aged care, meals on wheels, assisting day centre
- ☐ Animals, wildlife
- ☐ Arts, crafts, sewing, photography
- ☐ Bookkeeping, accounting, financial
- ☐ Child care, children interests
- ☐ Companionship, social interaction, bingo calling
- ☐ Deaf signing, second language, interpreter
- ☐ Disability assistance, riding for the disabled
- ☐ Driving, delivering food hampers
- ☐ Events, raffles, collecting, festivals
- ☐ Food preparation and service
- ☐ Fire fighting, sea rescue, emergency services
- ☐ Fundraising
- ☐ Gardening, land restoration, conservation
- ☐ Governance, management, committees
- ☐ Heritage, promotional displays, museums
- ☐ Information, tour guides and heritage
- ☐ IT and web development
- ☐ Library services
- ☐ Labouring, repair, carpentry, maintenance
- ☐ Leisure, camping, guiding, sports, recreation
- ☐ Marketing, media and communications
- ☐ Music and entertainment
- ☐ Op shops, retail, kiosks, tour guides
- ☐ Parent support, counselling, budgeting
- ☐ Public relations, public speaking, marketing
- ☐ Reporting, journalism, editing, writing
- ☐ Research, evaluation, surveys
- ☐ Sport and recreation
- ☐ Tutoring and mentoring
- ☐ Youth mentoring, tutoring, coaching, umpiring

Are there any causes you wish to support by volunteering?

- ☐ Animal Welfare
- ☐ Environment and Conservation
- ☐ Museums and Heritage
- ☐ Arts and Culture
- ☐ Family Support
- ☐ Community Service
- ☐ Health Recreation
- ☐ Disability Services
- ☐ Homeless
- ☐ Seniors and Aged Care
- ☐ Disaster Relief
- ☐ Human Rights
- ☐ Sport
- ☐ Drug and Alcohol Support
- ☐ Indigenous
- ☐ Veteran and Ex-Service Community
- ☐ Education
- ☐ Mentoring
- ☐ Young People
- ☐ Emergency Response
- ☐ Migrant Support
- ☐ Other (please state)

WORK STATUS

What is your current work status?

☐ Unemployed ☐ Full time ☐ Part time ☐ Casual

What is your work history? Most relevant

☐ Business ☐ Commercial ☐ Labour

☐ Trade ☐ Professional ☐ Other

DECLARATION

PRIVACY AND REFERRAL CONSENT

I acknowledge that I have read the Privacy Collection Notice. I consent to the City of Kwinana, through the Kwinana Volunteer Centre, recording and using my application information to identify volunteering opportunities, contact me and manage referrals.

For each organisation I select or approve, I consent to the City disclosing only my name, contact details, relevant skills and experience, availability, transport or licence information and any adjustment information I specifically ask the City to provide. The City will not disclose my optional statistical information or participation-requirement information unless I give separate consent or disclosure is required or authorised by law.

I understand that I may withdraw consent to any future referral by contacting the Centre. Withdrawal will not affect a disclosure already made.

I understand that completion of optional statistical questions is voluntary. By completing a sensitive statistical question, I expressly consent to the City collecting that information for de-identified service planning, evaluation and reporting.

Signature _____ Date _____

Thank you for completing this form. The Kwinana Volunteer Centre may contact you in the next few months to see how your volunteer work is going.

Follow-up contact will relate only to your volunteering enquiry or placement. Separate consent must be obtained before adding you to newsletters, marketing lists or unrelated communications.

NOTES

OFFICE USE ONLY

Date of interview _____ Volunteer ID: _____

Positions referred _____

Consultation recorded in VIKTOR ☐ Yes ☐ No

Confirmation email sent of referrals ☐ Yes ☐ No