



## CENTRAL COAST COUNCIL

### VOLUNTEER EXPRESSION OF INTEREST

Please fill in this form and return it to the Ulverstone Visitor Information Centre, 13-15 Alexandra Road, Ulverstone Tas 7315  
email [info@coastocanyon.com.au](mailto:info@coastocanyon.com.au)

All information on this form is treated as strictly confidential.

This form does not guarantee volunteer placement.

If a voluntary position is available, you will be contacted to come in for an interview.

For further information phone 6425 2839.

Title (Mr/Mrs/Ms etc.) \_\_\_\_\_ Full Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

What are your reasons for wanting to volunteer at the Hive? \_\_\_\_\_

\_\_\_\_\_

Where did you find out about volunteering at the Hive? \_\_\_\_\_

\_\_\_\_\_

Have you ever volunteered before?  Yes  No

If yes, please give a brief description of where and what type of volunteering. \_\_\_\_\_

\_\_\_\_\_

What work experience do you have (e.g., retired teacher, geologist, retail sales etc.)? \_\_\_\_\_

\_\_\_\_\_

What interests or hobbies do you have? \_\_\_\_\_

\_\_\_\_\_

Are there other skills you may have or skills you might like to learn? \_\_\_\_\_

\_\_\_\_\_

Please turn over page ⇨

Please indicate which of the following you have interest in? (You can tick more than one interest.)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> School Groups/Education | <input type="checkbox"/> Arts/Craft     |
| <input type="checkbox"/> Science          | <input type="checkbox"/> History                 | <input type="checkbox"/> Astronomy      |
| <input type="checkbox"/> Tourism          | <input type="checkbox"/> Information Services    | <input type="checkbox"/> Guiding        |
| <input type="checkbox"/> Retail Sales     | <input type="checkbox"/> Ticketing               | <input type="checkbox"/> Interpretation |

Volunteering sessions will be from 8.30am to 1.30pm and 12pm to 5pm. Are you flexible with times and days you can volunteer at the Hive?  Yes  No

Do you require minimum hours as per Centerlink schedule?  Yes  No If yes, how many hours per week \_\_\_\_\_

Are there days and/or times you are unavailable? \_\_\_\_\_

Do you have preferred days and times to volunteer at the Hive? \_\_\_\_\_

- Weekdays       Mornings       Afternoons       Weekends       Evenings

Can you work unaided by staff?  Yes  No

Are you prepared to participate in training?  Yes  No

Are you prepared to wear a Hive supplied uniform?  Yes  No

What do you hope to achieve by volunteering at the Hive? \_\_\_\_\_

Can you give an example of how you have gone out of your way to help someone (friend, family, or stranger)? \_\_\_\_\_

Do you have a current Working with Vulnerable Peoples (children) Card?  Yes  No

Do you have a current Police Check Certificate?  Yes  No

*Thank you for completing the Expression of Interest form.*

*If you require additional space or would like to make comments, please feel free to attach other pages.*