



## Expression of Interest for a Volunteer Position

**Name:**

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**Address:**

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**Telephone:**

**Fax:**

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

**Current occupation/study/areas of interest:**

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**Are you a member of GWHS?**

**Y**

**N**

**Why do you wish to do volunteer work for GWHS?**

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**GWHS can offer the following volunteer work. Please indicate area/s of interest:**

- Administrative support
- Library and Information Systems
- Health Promotion
- Newsletter

**Are there any other skills that you can offer GWHS?**

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**Have you done any volunteer work before? If so, where and what kind?**

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**How many voluntary hours can you offer on each occasion? \_\_\_\_\_**

**Can you offer these hour/s on a regular basis (please circle)**

daily          weekly          fortnightly          monthly          adhoc

**If you are unable to commit to a regular time, would you be willing to be contacted by GHWS on an adhoc basis? (please circle)**

Yes          No

To comply with the Department of Human Services Funded Services Policy, all staff (full-time, part-time and contract), volunteers, including the Council and students on placement are subject to a Police Check. Gippsland Women's Health Service will provide you with a Consent Form and will cover the cost of processing.

Thank you for taking the time to complete this application. Please note that you will be offered an orientation program and training before any tasks are undertaken.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

