

Volunteer's Details:

Title: _____ First Name: _____ Surname: _____

Address: _____

Postcode: _____

Email: _____

Phone: (H) _____ (W) _____ (M) _____

Previous Experience and Skills:

Qualifications/Skills _____

Have you volunteered for any other organisation before? Yes No

If yes, please provide details;

How did you hear about volunteer work with Epilepsy Queensland Inc?

Availability:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Weekends
- Special Events

Times;

- AM
- PM
- Weekly
- Monthly

Total time per week/month –

Hours: _____ Days: _____

Restrictions:Do you have any condition which might restrict what volunteer activities you are able to offer Epilepsy Queensland? Yes No

If yes, please provide details;

Do you have any special needs or requirements? Yes No

If yes, please provide details;

H002-2 Volunteering Expression of Interest

Work Preference:

- | | |
|--|---|
| <input type="checkbox"/> Mail-outs (Office Based) | <input type="checkbox"/> Community Fundraising/Special events |
| <input type="checkbox"/> Administration (Office Based) | <input type="checkbox"/> Community Awareness |
| <input type="checkbox"/> Peer support | <input type="checkbox"/> Specialist/Professional Skills |

Requirements:

Do you hold a Blue Card for Working with Children

- Yes (please attach copy if possible) No

Blue Card Number: _____

I have read the Volunteer Policy located on www.epilepsyqueensland.com.au/volunteer

- Yes No

Do you hold a current Australian driver's license (if applicable to the role)?

- Yes No

Do you have your own transport or ready access to public transport?

- Yes No

Please send this form back to

Epilepsy Queensland Inc

via

Email: volunteering@epilepsyqueensland.com.au

Post: PO Box 1457, Coorparoo DC Q 4151

Fax: 07 3435 5025

Thank you for expressing an interest in becoming a volunteer with Epilepsy Queensland. Epilepsy Queensland looks forward to considering your Expression of Interest with a view to welcoming you to its team of volunteers.