

# Expression of Interest to Volunteer



The following information will be used by the City of Bayswater in accordance with the City's volunteer recruitment procedure. All information remains confidential.

Title  Mr  Mrs  Ms  Miss  Other \_\_\_\_\_

Full name \_\_\_\_\_

Preferred name \_\_\_\_\_

Pronouns \_\_\_\_\_ Age (if under 18) \_\_\_\_\_

Postal address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Preferred method of communication \_\_\_\_\_

Which program are you interested in volunteering for?

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Tell us in your own words why you would like to volunteer for the City of Bayswater?

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How did you find out about volunteering with the City of Bayswater?

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Your availability to volunteer (tick all that apply)

Monday AM  Tuesday AM  Wednesday AM  Thursday AM  Friday AM  Saturday AM

Monday PM  Tuesday PM  Wednesday PM  Thursday PM  Friday PM

Please complete and return this form:

**By post to**

City of Bayswater, PO Box 467, Morley WA 6943

**By email to**

[mail@bayswater.wa.gov.au](mailto:mail@bayswater.wa.gov.au)