



EXPRESSION OF INTEREST CASUAL AND VOLUNTEER WORKFORCE

PERSONAL INFORMATION

Member Number :
(if applicable)

Full name :
(PLEASE USE CAPITAL LETTERS)

Preferred name : Date of Birth : ____ / ____ / ____

Address : _____

Suburb : _____ Postcode : _____

Contact Number : _____ Email : _____
Mobile Home phone

I am seeking : Paid Employment Volunteer Opportunities

Other : _____

AVAILABILITY FOR VOLUNTEERS

Please place a tick or cross in all sections that apply

Weekly Monthly

Occasionally Other (please specify): _____

AREAS OF INTEREST

Please place a tick or cross in all sections that apply

Advocacy and Advisory Marketing and Communication

Events Peer Support

Case Management Program Management and Service Delivery

Systems and Processes Other (please specify): _____



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SKILL SET

Please place a tick or cross in all sections that apply

- | | |
|---------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Finance/Accounting | <input type="checkbox"/> People/Volunteer Management |
| <input type="checkbox"/> Web Development/Social Media | <input type="checkbox"/> ICT/Coding |
| <input type="checkbox"/> Communications and Marketing/Writing | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Health/Medical | <input type="checkbox"/> Event Management |
| <input type="checkbox"/> Legal/Governance | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Research/Analysis | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Policy Development | <input type="checkbox"/> Customer/Client Service |
| <input type="checkbox"/> Other (please specify): _____ | |

WHY DO YOU WANT TO WORK WITH FAMILIES OF VETERANS GUILD?

Please also attach a copy of your CV/ Resume to this form



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ARE YOU CONNECTED TO THE AUSTRALIAN DEFENCE FORCE (ADF)?

Please place a tick or cross in all sections that apply (note a veteran is defined as anyone who has served in the ADF for at least one day)

- | | |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Widow of a veteran | <input type="checkbox"/> Member of the ADF
<input type="checkbox"/> current <input type="checkbox"/> former |
| <input type="checkbox"/> Spouse/Partner of a veteran
<input type="checkbox"/> current <input type="checkbox"/> former | <input type="checkbox"/> Family of an allied Defence Force member |
| <input type="checkbox"/> Parent of a veteran | <input type="checkbox"/> Member of an allied Defence Force |
| <input type="checkbox"/> Child/Grandchild of a veteran | <input type="checkbox"/> No relationship/connection with ADF |
| <input type="checkbox"/> Sibling of a veteran | <input type="checkbox"/> Other (please specify): _____ |

PRIVACY STATEMENT

We will not use any of the information you have provided to us other than to record you as a Volunteer on our system and communicate with you as a registered Volunteer of Families of Veterans Guild. We will always seek your express consent before sharing any of your personal information with third parties. This consent could be verbal or in writing.

DECLARATION

I declare that the information I have provided on this form is true and correct. I agree to the Families of Veterans Guild contacting referees noted in my CV/ Resume if necessary.

Signature :

Date: / /

Please return completed form to:

PO Box 146, Chatswood NSW 2057

guild@fov.org.au

(02) 9267 6577

THANK YOU FOR VOLUNTEERING

