

## Volunteer Expression of Interest

<b>Surname</b>	
<b>First Name</b>	
<b>Prefer to be called</b>	
<b>Home Street Address</b>	
<b>Town</b>	<b>Postcode</b>
<b>Postal Address (if different)</b>	
<b>Phone Number</b>	<b>Mobile</b>
<b>Email</b>	
<b>In which areas are you interested in volunteering?</b>	
<input type="checkbox"/> Bus Driver <input type="checkbox"/> Car Driver <input type="checkbox"/> Bus Assistant <input type="checkbox"/> Administration <input type="checkbox"/> Management Committee	
<b>Skills you can bring to the service as a volunteer</b> (include any training)	
<b>Are you currently employed?</b> Yes/No	<b>Occupation:</b>
<b>Are you on any scheme requiring that you volunteer/work experience?</b> Yes/No	
If yes, name of Organisation: .....Commitment Required?.....	

<p><b>Which days are you available for volunteer work (circle)?</b> Mon Tues Wed Thurs Fri Sat</p>
<p>Would you be available Weekends.....Yes/No  School Holidays.....Yes/No  Weeknights.....Yes/No</p>
<p>Have you been involved in volunteer work before? (If yes, with whom?)</p>
<p><b>Please provide two Referees:</b></p> <p>(1) Name:..... Ph:.....  Relationship.....</p> <p>(2) Name:..... Ph:.....  Relationship.....</p>

**For those interested in driving:**

<p>Have you ever been refused or disqualified from holding a driver's licence? Yes/No</p> <p>If yes, reason.....</p> <p>If you are successful you will need to provide an RMS Driving Record (own expense)</p>
<p>Do you have any medical conditions which may restrict your ability to drive a vehicle? If so, please detail:</p> <p>If successful you will need to have medical clearance. (Forms for medical will be provided, however, cost of medical will be at your own expense.)</p>
<p>Do you have a NSW Driver's Licence? YES/NO</p> <p>What Class of Driver's Licence do you have (circle)? C LR MR Other  If other, please state:</p>
<p>Do you have a NSW Bus Driver's Authority? YES/NO</p>
<p>Would you prefer to use your own vehicle or a Community Transport (CT) Vehicle ?</p> <p><input type="checkbox"/> Own Vehicle <input type="checkbox"/> CT Vehicle <input type="checkbox"/> Either</p> <p>Note: To transport clients in your own vehicle it is a requirement to have Comprehensive Insurance. Expenses are reimbursed.</p>

Signed ..... Date .....

Please return to Ryde Hunters Hill Community Transport, PO Box 162, Gladesville, 1675 or email to [info@rhct.org.au](mailto:info@rhct.org.au). Thank you.