



EXPRESSION OF INTEREST TO VOLUNTEER

OP SHOP ☐

SHELTER ☐

BOTH ☐

(PLEASE TICK)

Pronoun: _____

Family name: _____

Given names: _____

Preferred name: _____

Address: _____

Suburb/town _____ State: _____ Postcode: _____

Contact Details: Home: _____ Mobile: _____

Email address: _____

Are you between the age of 18 – 85? Yes or No (Relevant for volunteer insurance cover)

Driver's Licence: Do you have a current driving licence? ☐ Yes ☐ No

(Relevant for roles involving driving our vehicles or where proof of ID is relevant).

Volunteering

Please let us know what days and times suit you best to volunteer and discuss your availability with your interviewer. We appreciate knowing the times that suit you best to help us plan how to maximise your time at the shelter or the op shop.

If you can offer flexibility with your days and times, please let us know.

Availability: the days and shifts that work best for you. The shelter is staffed 7 days a week and they appreciate knowing in advance if weekend shifts suit you, as feeding and caring for the animals is a high priority. And if you plan on working at both the op shop and the shelter, please indicate which days in which venue.

Op Shop Shifts: AM /PM

Shelter Shifts: AM / PM

SHIFTS	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mount Alexander Animal Welfare is committed to providing and maintaining a safe and healthy work environment for all staff, volunteers, and visitors. Please inform us of any reasons why you may not be able to perform the duties associated with this role. You will be able to discuss these further at your interview or training.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Referees

Please provide the name, address, and telephone number of two people who are not family members and who are willing to act as referees for your chosen voluntary work position.

Name: _____ Relationship: _____

Ph: _____ Mobile: _____

How long have you known this referee? _____

Email: _____

Name: _____ Relationship: _____

Ph: _____ Mob: _____

How long have you known this referee? _____

Email: _____

Declaration

- I am applying to become a volunteer with Mount Alexander Animal Welfare Inc (MAAW).
- I understand that I am required to complete a Volunteer Agreement Form should I be offered a volunteer role with Mount Alexander Animal Welfare Inc (MAAW).
- I declare that the information contained in this application is true and correct.

Signature: _____

Applicant

Date: _____

ONCE COMPLETED, PLEASE RETURN TO EITHER THE SHELTER OR THE OP SHOP AND ONE OF OUR STAFF WILL BE IN TOUCH TO ORGANISE AN INTERVIEW.

THANK YOU FOR YOUR INTEREST IN MAAW