



Age Friendly Ambassador program

The following information will be used by the City of Bayswater in accordance with the City's volunteer recruitment procedure. All information remains confidential. Please complete and send by 31 March 2024.

Title Mr Mrs Ms Miss Other

Name

Postal address.....

Suburb..... Postcode.....

Email

Phone..... Date of Birth

What skills and interests do you have?

Tell us in your own words why you would like to participate in the Age Friendly Ambassador program?

Expression of Interest Age Friendly Ambassador program

Do you represent a community or volunteer group, committee or board?

Please outline.

Do you speak any languages other than English Yes No

If yes, please specify

Do you have any medical conditions that may restrict the type of volunteer activities you can do? Yes No

If yes, please specify

Checklist:

- I am able to fulfil the time commitment required (see FAQs)
- I reside / work or volunteer within the City of Bayswater
- I am comfortable having conversations with the general public
- I am willing to undertake any training required
- I have a current National Police Check / willing to get one (paid for by the City).

Please complete and return this form by 31 March 2024 by post to:

City of Bayswater, PO Box 467, Morley WA 6943

or email to

mail@bayswater.wa.gov.au