**Expression of Interest – Hub Connector 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:

|  |  |
| --- | --- |
| **Name**:  |  |
| **Postal address:**  |  |
| **Suburb** |  | **Postcode** |  |
| **Daytime phone** |  | **Date of birth** |  |

**Tell us in your own words why you would like to be a Hub Connector Volunteer:**

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**What specific knowledge, skills or personal strengths do you believe you possess:**

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**What experience do you have engaging with:**

(Please provide an overview to support us with selection, training and development needs)

**People with disability**

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**People who identify as an Aboriginal or Torres Strait Islander person**

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**People from culturally and linguistically diverse backgrounds**

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**People who identify as LGBTQIA+**

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**People with lived experience of homelessness**

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**Are you able to commit to a minimum 4 hours a fortnight up to a maximm of 15 hours during Library business hours for a minimum of six months?**(Note: Shift times will be provided at the Hub Connections Information Session)

Yes [ ] No [ ]

**Is there anything tell us anything else you would like to share with us:**

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|  |

**Checklist**

[ ]  I am able to fulfil the time commitment required (see FAQs)

[ ]  I feel comfortable engaging with people from vulnerable cohorts

[ ]  I am willing to undertake any training required

[ ]  I have a current National Volunteers Police Check/I am willing to get one (paid for by the City)

[ ]  I have a current Working with Children Check/I am willing to get one (paid for by the City)

Please complete and return this form:

**In Person:** 61 Broun Avenue, Morley WA 6062

**Email:** inclusion@bayswater.wa.gov.au

**Post:** City of Bayswater,PO Box 467, Morley WA 6943

**Thank you for your interest in wanting to make a positive contribution to people living in the
City of Bayswater.**