

## Hub Connector Volunteer 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.

Title	Mr	Mrs	Ms	Miss	Other
Name					
Postal a	ddress				
Suburb.					Postcode
Email					
Phone					Date of Birth
Tell us ii	n your ow	n words w	hy you wo	uld like to b	pe a Hub Connector Volunteer:
	• • • •		•••		
wnat sp you pos		owledge, si	kills or per	sonal stren	gths do you believe

What experience do you have engaging with:
Please provide an overview to support us with selection, training and
development needs.
People with disability
Decade who identify as an Aberiainal or Torres Strait Islander nerson
People who identify as an Aboriginal or Torres Strait Islander person
People from culturally and linguistically diverse backgrounds
De ente sub e identific de LODTOIA:
People who identify as LGBTQIA+

People with lived experience of homelessness					
Are you able to commit to a minimum 4 hours a fortnight up to a maximum of 15 hours during Library business hours for a minimum of one year?					
Ye	es No				
Is the	ere anything else you would like to share with us?				
Chec	klist:				
I	am able to fulfil the time commitment required (see FAQs)				
I	feel comfortable engaging with people from vulnerable groups				
- 1	am willing to undertake any training required				
I	have a current National Police Check/I am willing to get one (paid for by the City)				
	have a current Working with Children Check/I am willing to get one				

## Please complete and return this form to:

In Person 61 Broun Avenue, Morley

(paid for by the City)

Email inclusion@bayswater.wa.gov.au

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