



Expression of Interest to 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 (please tick) Mr Mrs Ms Miss Other

Full Name

Preferred Name

Postal address

Suburb Postcode

Email

Telephone Age (if under 18)

Which program are you interested in volunteering for?

Tell us in your own words why you would like to volunteer for the City of Bayswater?

How did you find out about volunteering with the City of Bayswater?

Your availability to volunteer (tick appropriate)

Monday AM Tuesday AM Wednesday AM Thursday AM Friday AM
 Monday PM Tuesday PM Wednesday PM Thursday PM Friday PM

Please complete and return this form by post to:

City of Bayswater, PO Box 467, Morley WA 6943 or email to mail@bayswater.wa.gov.au