



VOLUNTEER EXPRESSION OF INTEREST

Name:	
Address:	
Phone number:	
Email:	
Emergency Contact Name:	
Emergency Contact Number:	
Country of Origin	
Do you speak another language	
Where did you learn English	
Are you a permanent Australian Resident or citizen	

Do you have a Driver's Licence?	YES / NO
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Do you have any volunteer experience? Please briefly list:

What attracts you to volunteer work with the Port Melbourne Neighborhood House?

Tell us about any skills you may wish to use as part of your volunteer commitment?

<p>Are you available for?</p>	<p><u>Please circle</u></p> <ul style="list-style-type: none">• Casual work• Special projects• A regular ongoing position
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<p>What are the areas in which you are interested in contributing?</p>	<p><u>Please circle</u></p> <ul style="list-style-type: none">• Office work• Leading an activity (e.g a craft, cards, music, language conversation group)• Events• Cleaning and maintenance
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Is there anything else you would like to tell us about your interest in working as a volunteer with Port Melbourne Neighbourhood Centre?

Thank You

Please complete the form and either send or email to:

**Denise Farrugia
Volunteer Support
Port Melbourne Neighbourhood Centre
Ph: 03 9645 1476
PO Box 721
Port Melbourne 3207**

Email: volunteer@pmnc.org.au

**Cnr Nott & Liardet Streets
Port Melbourne**

How to get to Port Melbourne Neighbourhood Centre:

