



APACE WA

Volunteer Expression of Interest Form

CONTACT INFORMATION

Name:	
Preferred pronoun:	<input checked="" type="checkbox"/> She <input type="checkbox"/> He <input type="checkbox"/> They <input type="checkbox"/> Other:
Phone:	
Email:	
Address:	

BACKGROUND AND GENERAL INFORMATION

How did you hear about Apace?	
What is your area of interest?	Nursery <input type="checkbox"/> Gardening <input type="checkbox"/> Maintenance <input type="checkbox"/> Other (please state):
What skills do you have / other information you'd like to note?	
What day(s) and for how many hours are you available?	
When would you prefer to start?	
Do you require a carer or support worker?	
Do you have any medical or dis/ability issues we need to be aware of?	
What days are you available for a one-hour induction and orientation?	
Signature:	Date: