



APACE WA

Volunteer Expression of Interest Form

CONTACT INFORMATION

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

BACKGROUND AND GENERAL INFORMATION

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|---|---|
| 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: |