



Volunteer Expression of Interest

Surname	
First Name	
Prefer to be called	
Home Street Address	
Town	Postcode
Postal Address (if different)	
Phone Number	Mobile
Email	
In which area/s are you interested to volunteer? <input type="checkbox"/> Bus Driver <input type="checkbox"/> Car Driver <input type="checkbox"/> Bus Assistant <input type="checkbox"/> Administration <input type="checkbox"/> Management Committee	
Please describe or list the Skills, Abilities and Capabilities you will bring to the service, as a volunteer (please include any training you have undertaken)	
Are you currently employed? Yes/No	Occupation:
Are you on any scheme requiring that you volunteer/work experience? Yes/No If yes, name of Organisation:Commitment Required?.....	

<p>Which days are you available for volunteer work (circle)? Mon Tues Wed Thurs Fri Sat</p>
<p>Would you be available Weekends.....Yes/No</p> <p>School Holidays.....Yes/No</p> <p>Weeknights.....Yes/No</p>
<p>Have you been involved in volunteer work before? (If yes, with whom?)</p>
<p>Please provide two Referees:</p> <p>(1) Name: Ph:</p> <p>Relationship.....</p> <p>(2) Name: Ph:</p> <p>Relationship.....</p>

For those interested in driving:

<p>Have you ever been refused or disqualified from holding a driver’s license? Yes/No</p> <p>If yes, reason.....</p> <p>If you are successful you will need to provide an RMS Driving Record (own expense)</p>
<p>Do you have any medical conditions which may restrict your ability to drive a vehicle? If so, please detail:</p> <p>If successful you will need to have medical clearance. (Forms for medical will be provided, however, cost of medical will be at your own expense.)</p>
<p>Do you have a NSW Driver’s License? YES/NO</p> <p>What Class of Driver’s License do you have (circle)? C LR MR Other</p> <p>If other, please provide full details:</p>
<p>Do you have a NSW Bus Driver’s Authority? YES/NO</p>
<p>Would you prefer to use your own vehicle or a Stryder Community Transport vehicle?</p> <p><input type="checkbox"/> Own Vehicle <input type="checkbox"/> CT Vehicle <input type="checkbox"/> Either</p> <p>Note: To transport clients in your own vehicle it is a requirement to have Comprehensive Insurance. Expenses are reimbursed.</p>

Signed Date

Please return to Stryder, PO Box 162, Gladesville, 1675 or email to info@stryder.org.au. Thank you. If you have any questions, please call 9816-5000.