



Volunteering with the Crohn's and Colitis Australia™
Expression of Interest Form

Contact Details

Title: _____ First Name: _____ Surname: _____

Address: _____ Suburb: _____

State: _____ Postcode: _____ Email: _____

Phone (home): _____ Phone (work): _____

Mobile: _____ Fax: _____ Date of birth: _____

Country of birth: _____ Driver Licence No: _____

Next of Kin Name (for emergency reasons): _____

Relationship: _____ Next of Kin Contact Number: _____

Availability and Skills

Your availability (weekdays/weekends/after hours):

Type of Volunteering: *(circle all that apply)*

Fundraising Events Administration Peer Support Social Services

Please indicate your areas of skill:

Public Speaking Professional Services Information Technology

Resources:

Celebrity Contacts Donated Goods Contacts

Previous Experience: *(volunteering, employment, qualifications, personal skills)*
