



*A community-based pregnancy support service*

**E: [info@phb.org.au](mailto:info@phb.org.au)**

**W: [phb.org.au](http://phb.org.au)**

**A: 15 Lyons St Sth. Ballarat Central VIC 3350**

**M: 0457 930 381**

## Expression of Interest Form

**First Name**

**Last Name**

**Email**

**Address**

**Mobile Phone**

**Date of Birth**

**Do you have a current Police check certificate?**

☐ Yes

☐ No

**Do you have a current Working with Children Check?**

☐ Yes

☐ No

**Do you have a Driver's license?**

☐ Yes

☐ No



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**Occupation**

**Please list any qualifications you have**

**Church Affiliation**

**Emergency Contact Name and Number**

Name
Number

**Please tick the area/s where you would like to volunteer in?**

- ☐ Coaching
- ☐ Mentoring (accompanying clients to appointments)
- ☐ Post Abortion Support
- ☐ Education & Community Awareness
- ☐ Social Media
- ☐ Events Management and Fundraising
- ☐ Administration
- ☐ Managing donated items (pickup, delivery, cleaning, repairing and sorting)
- ☐ Cleaning the centre (fortnightly)
- ☐ Men's support



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**Please tick the days you are available to volunteer**

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

**What times are you available?**

☐ AM

☐ PM

☐ All Day

**Why are you interested in volunteering at PH@B / Amber's House?**

**Have you ever volunteered before?**

☐ Yes

☐ No

**Please let us know where and in what capacity.**

**Tell us how you think your life experience will benefit our organisation and clients.**

**What are some of your personal attributes that you believe will benefit PH@B and its clients?**



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**What interpersonal and personal skills do you have that will benefit our organisation and clients?**

**Please give a referee's name and contact details.**

Name
Mob. Number

**Are you legally allowed to work or volunteer in Australia?**

☐ Yes

☐ No

**Do you have any health conditions that we need to be aware of?**

☐ Yes

☐ No

**Can we retain your application for future reference if no positions are available at the time of submission?**

☐ Yes

☐ No

**By submitting this application, I acknowledge that I understand that PH@B / Amber's House is a life-affirming organisation.**

Name

Date

Signed