



# VOLUNTEER EXPRESSION OF INTEREST FORM

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Please tick those activities which you would be interested in assisting with:

	<b>Event Assistance</b>	<b>Promotion</b>	<b>Social Media Commentators</b>	<b>Surveys</b>
<b>Oral Health</b>	Expos <input type="checkbox"/> (eg. Baby and Toddler Show)  Oral Health Talks <input type="checkbox"/> (for schools, sporting clubs etc)	Graphic Design <input type="checkbox"/>  Facebook <input type="checkbox"/>  Twitter <input type="checkbox"/>  LinkedIn <input type="checkbox"/>	Facebook <input type="checkbox"/>  Twitter <input type="checkbox"/>  LinkedIn <input type="checkbox"/>	Survey on products containing oral health messages* <input type="checkbox"/>
<b>Sports &amp; Social</b>	Charity events <input type="checkbox"/>  Planning new events <input type="checkbox"/>	Graphic Design <input type="checkbox"/>  Facebook <input type="checkbox"/>  Twitter <input type="checkbox"/>  LinkedIn <input type="checkbox"/>	Facebook <input type="checkbox"/>  Twitter <input type="checkbox"/>  LinkedIn <input type="checkbox"/>	

*\*Survey participants will be sent a link to an online survey through Survey Monkey.*

Other skills or experience relevant for the Committees above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In expressing an interest in volunteering with ADAVB, I understand that:

- I may be contacted for additional information about my relevant skills/experience for particular activities;
- Depending on requirements for assistance, it may be some time before I am contacted.

Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Please return the completed form to:  
Mrs Maree Horseman, Senior Administrative Assistant  
PO Box 9015, SOUTH YARRA VIC 3141  
Email: [maree.horseman@adavb.org](mailto:maree.horseman@adavb.org)  
Fax: 8825 4644