



Volunteer Expression of interest

If you are interested in volunteering at Citizens Advice Bureau (CAB), please complete the form below and email it to the Sarah at (volcoordinator@cabwa.com.au) along with your resumé.

Contact information		
Given names:	Surname:	Title:
Address:		
Mobile:	Phone:	
Email:		

Please provide two (unrelated) people who can be character reference for you.

	Reference 1	Reference 2
Name		
Phone		
Email		
Relationship to you		

Version 2

Author: Volunteer and Client Services Coordinator

Issued: Aug 2024

To be reviewed: Aug 2026



To help us match you with the appropriate volunteer opportunities, please complete the questions in the following section:

Why would you like to volunteer at CAB?

- gain experience in a legal environment
- learn professional skills
- build confidence while
- give back to the community
- gain work experience and references
- fulfil Centrelink obligations
- fulfil obligations for a placement

Do you have previous volunteer experience?

Please explain where you volunteered and what your role was.

Please explain what skills and/or experience you can bring to the role.

Is there anything that you do not feel comfortable doing?

- Utilising a computer
- Handling payment
- Asking questions
- Recording stats
- Speaking on the phone
- Speaking face to face
- Dealing with client who are upset/angry

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What days of the week would you be available to work?
How many days would you like to contribute?

- | | | |
|----------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Thursday | 1 2 3 4 5 |

What branch would you like to volunteer at?

- | | | |
|------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Armadale | <input type="checkbox"/> Joondalup | <input type="checkbox"/> Midland |
| <input type="checkbox"/> Bunbury | <input type="checkbox"/> Kwinana | <input type="checkbox"/> Perth |
| <input type="checkbox"/> Busselton | <input type="checkbox"/> Mandurah | <input type="checkbox"/> Rockingham |
| | | <input type="checkbox"/> Fremantle |

Do you speak a language other than English?
YES NO

If yes, what language(s) do you speak and at what proficiency?

Do you come from a Culturally & Linguistically Diverse (CALD) background?
YES NO

Are you of Aboriginal or Torres Strait Islander origin?

- Yes, Aboriginal
- Yes, Torres Strait Islander
- No

Do you wish to disclose any disability or medical condition which may impact your ability to perform certain tasks and if so what accommodations could be made to assist you?
YES NO