



Expression of interest Subi Voice of Youth

The following information will be used by the City of Subiaco in accordance with the city's volunteer recruitment policy. All information remains confidential.

Title: Miss Mr Ms Mrs Dr (tick appropriate)

Name: _____

Preferred name: _____

Postal address: _____

Suburb: _____ Post code: _____

Telephone: **H** _____ **W** _____ **M** _____

School / university: _____

Email: _____

Age: _____

Please tell us why you would like to volunteer for the City of Subiaco? _____

Do you have any skills or hobbies that will assist you in this volunteer position? _____

How did you find out about Subi Voice of Youth? _____

Please complete and return this form by post to:

City of Subiaco, PO Box 270, Subiaco WA 6904 or email to adminscc@subiaco.wa.gov.au

Office use only

Action Taken: _____ Date: _____ Follow up: _____