



Mental Health Carers

Arafmi Queensland Inc.

VOLUNTEER PROGRAM - EXPRESSION OF INTEREST

Contact Information

Name		
Postal address		
Phone	(Home)	(Mobile)
Email		

Current employment status: (please circle)

Student	Home Duties	Retired
Employed	Unemployed	Other

Work History (Paid)

Employer	Position
Employer	Position

Work History (Voluntary)

Place	Position
Place	Position

Educational Qualifications/Training/Skills:

Name and contact details of two referees for character references:

Name	Position	Phone
Name	Position	Phone

Volunteer position:

Telephone support other _____ (please indicate your area of interest)

Can you offer a 12 month commitment to the Arafmi volunteer program?

Yes No Anticipated length of involvement. _____

Signature: _____ Date _____