



Pregnancy & Recovery Arc Mildura | PRAM Volunteer Expression of Interest Form

Personal Details

Full Name:

Phone:

Email:

Address:

Date of Birth:

Areas of Interest

Please tick all that apply:

- Support Volunteer / Parent Mentor
- Fathers Mentor
- Bereavement Mentor
- Community Ambassador
- Counsellor
- Social Worker
- Psychologist
- Grief & Loss Practitioner
- Family Support Worker
- Community Services Worker
- Maternal and Child Health Professional
- Other: _____

Qualifications and Experience

Do you hold any relevant qualifications?

- Yes
- No

If yes, please provide details:

Do you have experience in any of the following areas?

- Counselling

Return in person or via email. support@pregnancyarc.asn.au. 0493 105 083.



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- Social Work
- Grief and Loss Support
- Community Services
- Pregnancy Support
- Birth Support
- Postpartum Care
- Peer Support
- Public Speaking
- Volunteer Coordination
- Other: _____

Lived Experience

Please tell us about any lived experience that may be relevant to your preferred volunteer role(s):

Availability

Days Available:

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours Available:

Why would you like to volunteer with PRAM?

Additional Information



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Do you currently attend a church, faith community, community group or organisation that may be interested in learning more about PRAM?

Yes

No

If yes, please provide details:

Are you comfortable speaking to community groups, churches or organisations about PRAM's services?

Yes

No

With training and support

References

Please provide details for two referees.

Referee 1

Name:

Relationship:

Phone:

Email:

Referee 2

Name:

Relationship:

Phone:

Email:

Declaration

I understand that submission of this Expression of Interest does not guarantee appointment to a volunteer position. I acknowledge that PRAM may conduct reference checks and request additional screening, including a Working With Children Check and National Police Check where required.

Signature:

Date: