



**STARTTS**

## **Volunteer Expression of Interest**

The purpose of this form is to get an overview of your interest, knowledge, skills and experience, which will help us to best match you with suitable volunteer positions.

For this purpose, please keep your answers *brief* and *only include key information* .

**First name**

**Last name**

**Email**

**Phone number**

**Address**

**Professional/educational background**

**Work experience**

**Languages**

**Availability for volunteer** (hours/week, days/week, time in a day, length of volunteer)

**Volunteer preferences** (if you have any specific roles that you hope to do at STARTTS)

**Any other information you'd like us to know**

Please complete the form and email it to [STTS-VolunteerProgram@health.nsw.gov.au](mailto:STTS-VolunteerProgram@health.nsw.gov.au)