Italo-Australian Welfare & Cultural Centre Inc
209 Fitzgerald Street, Perth, WA, 6000; T: 61 8 9228 2220 F: 61 8 9228 2221

ACVVS Volunteering Program
EXPRESSION OF INTEREST FORM

Date: _____ Date of birth: _____

Full name: _____

Address: _____

Languages Spoken: _____

Why would you like to be a volunteer?:

_____

_____

Experience in volunteering:

_____

_____

_____

Telephone (H):_____ (M):_____

E-mail:_____

_____

Please email this Expression of Interest to the IAWCC (E: info@iawcc.org.au)

We are committed to keeping your personal information and will only use this information for the purposes for which you have provided it, or for the purposes related to one of our functions or activities.

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