



*Stories from the community*

Community Oral & Written Histories Project

**Volunteer- Registration of Interest**

***This is the form for sending to interested volunteers.***

1. Name:

2. Address

3. Telephone :

4. Email Address (optional):

5. Date of Birth (required for insurance purposes)

6. Date of registration

7. Duties to be undertaken:

Oral History Interviewer

Research of Oral Histories

Typing of Oral Histories

8. Do you have a current National Police Clearance?  Yes  No  
Expiry date:

If not, do you agree to sign a consent form for the City of Gosnells to apply for one on your behalf (There is no cost to the applicant)?  Yes  No  
*(This is a confidential process)*

9. Do you have any special skills, experience, and/or interests relevant to this volunteer position:

Research skills  Life skills

Computer skills  Knowledge of local community/ groups

Relevant education  Interpersonal/ interview skills

Other

Please list:

10. Why do you want to volunteer with this project?



11. When are you available to assist us? (please tick/circle)

- Mon am/pm     Tue am/pm     Wed am/pm     Thu am/pm     Fri am/pm     Sat am/pm     Sun am/pm

12. What area/s of local history are you interested in:

- Personal Stories** (long term residents/families)
- Social History** (*the growth of social interactions such as play groups, church groups that form the basis of community life*)
- Transportation Development History** (*the progress of transport networks including public transport systems*)
- Education** (*the development and growth of all levels of educational institutions*)
- Sporting History** (*the development of Sporting Codes and associated club development*)
- Suburb History** (*the development of distinct precincts e.g. Thornlie*)
- Urban Development History** (*the growth from rural to suburban to a City*)
- Economic Development History** (*the growth from agricultural basis to present day commercial activity*)
- Specify Others Interests:** Please add

13. Please provide the name and contact details of a referee.

Name:

Telephone:

Email Address:

14. Are you interested in receiving information about other volunteering opportunities within the City?     Yes     No

Signed:

Date: