

Volunteer application form

Title: Ms Mrs. Miss Mr.

Family name: _____

Given names: _____

Preferred name: _____

Address: _____

Suburb/town _____ State: _____ Postcode: _____

Contact Details: Home: _____ Work: _____ Mobile: _____

Email address : _____

Date of birth: DD / MM / YY Gender: Male Female

Country of birth (optional): _____

Please note: this information is useful in assisting clients from non-English speaking backgrounds.

Driver's licence Yes No If yes, please circle: manual/automatic

Non-Australian Citizen

Are you a permanent resident? Yes No

*If no, when does your Visa expire? _____

(*Please attach a copy of Visa documentation) Passport number: _____

Please check with the Department of Immigration and Citizenship (DIAC) if you are unsure about whether undertaking volunteer work will breach your visa conditions.

Emergency Contacts

Name _____ Relationship _____

Contact numbers: 1 _____ 2 _____

Name _____ Relationship _____

Contact numbers: 1 _____ 2 _____

Availability

Anytime: or specify _____ Area _____

Office use only:			
Photo identification: Date:	Referee/s Check: Satisfactory / Unsatisfactory Date:	Police check: Clear Date:	Working with Children Check number: Date:
WHS Checklist Completed yes/no	Position Description Issued Date Signature	Commencement date:	

Referees

Please provide the name, address and telephone number of two people who are not family members and who are willing to act as referees for your chosen voluntary work position.

Name: _____ Relationship: _____

Ph: _____ Mob: _____

How long have you known this referee?: _____

Address: _____

Email: _____

Name: _____ Relationship: _____

Ph: _____ Mob: _____

How long have you known this referee?: _____

Address: _____

Email: _____

Volunteering opportunity

Please indicate how you found out about this volunteering opportunity:

- local newspaper
- local community billboards/newsletters
- organizational website
- through other volunteers
- local volunteer resource centre
- local radio
- other volunteer Program information sessions
- other (please state)

PLEASE NOTE

A PASSPORT OR BIRTH CERTIFICATE AS WELL AS A DRIVER'S LICENCE MUST BE SIGHTED WHEN THESE FORMS ARE COMPLETED OTHERWISE YOUR CRIMINAL RECORD CHECK CANNOT BE PROCESSED.

Declaration

I am applying to become a volunteer at----- Hospital.

I understand that I am required to participate in an interview, receive a satisfactory Reference, Police Record, Working with Children Check (if applicable), and successfully complete training prior to acceptance as a volunteer.

If successful, I agree to maintain the highest standards of confidentiality, with respect to any information obtained during the course of my volunteer work.

I also agree to attend yearly Mandatory Training when required.

I also understand that should I or Hospital Management feel that I am not suited to my role then it may be reviewed.

I declare that the information contained in this application is true and correct.

Signature: _____
Applicant

Date: _____