



VOLUNTEER APPLICATION FORM

Mr/ Mrs/ Miss/ Ms:

Address:

Date of Birth:

Phone no: Mobile Phone no:

Email address:

Do you have a current drivers license? Yes/No

Licence no.....

Expiry date

Do you suffer from any mental or physical condition that would stop you from carrying out particular duties as a volunteer? Yes/No

If you answered yes, please give details and current medication:

.....

Previous voluntary experience and length of service:

.....

Please specify any other activities that you may be interested in or possess skills in.

.....

Please list any interesting work history, hobbies, skill and other interests:

.....

Please indicate which times and days you may be available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Please indicate which activity/activities you would like to be involved with.

- Community Transport program, driving short or long distances, accompanying clients to appointments:- *please circle*
Hamilton
Coleraine
Merino
Penshurst

- Visiting residents at the Aged care facilities;-*please circle*
Grange Residential Care Service
Birches Specialist Extended Care Service
Penshurst & District Health Service
Coleraine & District Health Service
Merino Bush Nursing Centre

- Comforts Trolley assistant
- Palliative Care Service volunteer
- Adult Day Activity Support Service (ADASS)/ Day Centre volunteer
- Allied Health Volunteer
- Opportunity Shop assistant
- Medical and Surgical Ward volunteer
- Youth work (YouthBiz)
- Fundraising

Would you prefer to work with; Women Men Either

Referee 1:		Referee 2:	
Name:		Name:	
Address & Phone:		Address & Phone:	

Emergency Contact:		Next of Kin:	
Name:		Name:	
Address:		Address:	
Phone no:		Phone no:	

Signed: _____ Date: _____

Please note – ALL volunteers are required to undertake an interview, police check, complete compulsory orientation training and sign confidentiality/privacy clause and volunteer agreement statement before commencing as a volunteer at Western District Health Service.