

# Volunteer Application Form

## Position Details

Application to volunteer in: (tick 1 or more)

Aged Care	<input type="checkbox"/>	Café	<input type="checkbox"/>
Administration/Wards	<input type="checkbox"/>	Gardening	<input type="checkbox"/>

## Personal Details

Family Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## Education and Training

Brief history of Education and Training \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Employment and Volunteering History

Brief history of previous Employment and/or Volunteer History \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Police Certificate

In the past 10 years, have you been convicted by a court of any criminal offences? Yes  No   
 You will be required to supply a Police Certificate every 3 years. There will be no charge for the Police Certificate if authorised by the CEO at North Eastern Community Hospital.

## Medical Issues

Do you know of any reason why, if appointed, you would be unable to carry out the full requirements of the role? Yes  No   
 If yes, please give details: \_\_\_\_\_  
 Are there any reasonable actions NECH could take to accommodate the problem above so that you would be able to perform the position? For example, reasonable modifications to a work station, work equipment or work conditions.  
 \_\_\_\_\_

## Additional Information

Please add here, or on a separate sheet, any additional information you wish to be considered in support of your application that is relevant.  
 \_\_\_\_\_

Please provide details of a suitable referee (e.g.: previous volunteer supervisor)

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Position: \_\_\_\_\_

I declare that to the best of my knowledge, the above information and that submitted in any accompanying document(s) is correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_