



# Application for Volunteer Work

The information on this form will be treated in strict confidence under the Privacy Act of 2002 and National Privacy Principles. Your details will only be used in connection with prospective volunteer work with Northeast Health Wangaratta (NHW).

All new volunteers are required to complete an *Application for Volunteer Work* form. There are a number of key questions on the form, which are explained as follows:

- **Referees:** Before a formal offer to work as a volunteer is made at two referees must be checked by NHW. Referees are nominated by the individual and must be current. Referees should be notified of the application.
- **Physical/Medical:** NHW is committed to providing a safe working environment for all volunteers to ensure that volunteers are not required to complete tasks that they are not able to perform safely.
- **Police Checks:** In accordance with National Volunteer Guidelines NHW requires all volunteers to undergo a police check.

## 1) Personal Details:

<b>Family Name:</b>		<b>Given names:</b>	
<b>Address:</b>			
<b>Town:</b>		<b>Postcode:</b>	
<b>Phone Numbers: Work: ( )</b>		<b>Home: ( )</b>	
<b>Mobile:</b>		<b>Date of Birth: / /</b>	
<b>Email Address:</b>		<b>Name to appear on badge:</b>	

## 2) Emergency Contact Numbers:

*(insert names & contact numbers of 2 people who can be contacted in an emergency)*

Name	Relationship	Address	Phone No.

## 3) Type of volunteer work sought:

- |  |   |
|--|---|
| <input type="checkbox"/> Fundraising Activities            | <input type="checkbox"/> Aged Care            |
| <input checked="" type="checkbox"/> Mobile Library         | <input type="checkbox"/> Psychiatric Services |
| <input type="checkbox"/> Friends of the Hospital Auxiliary | <input type="checkbox"/> Focus Groups         |
| <input type="checkbox"/> Gardening                         | <input type="checkbox"/> Mobile Kiosk         |
| <input type="checkbox"/> Pastoral Care                     |   |

Other: \_\_\_\_\_

## 4) Availability:

- |                                       |                                    |                                      |
|---------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Twice weekly | <input type="checkbox"/> Weekly    | <input type="checkbox"/> Fortnightly |
| <input type="checkbox"/> Monthly      | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Annually    |

NOTES: \_\_\_\_\_

## 5) Skills & Interests: *(eg. languages spoken, education, trade qualifications, specific interests)*

\_\_\_\_\_



**6) Are you a permanent resident of Australia?**

YES  NO

If NO, what is your visa status?

Passport Number: \_\_\_\_\_ Expiry Date:     /     /

**7) Do you hold a current drivers licence?**

YES  NO

If YES, please state your drivers licence number and expiry date:

Licence Number: \_\_\_\_\_ Expiry Date:     /     /

**8) Applicants will be required to undergo a police records check:**

Please complete the enclosed 'Consent to Check and Release National Police Record Form.

Have you been convicted of a criminal offence? YES  NO

If YES, please state below the details of each offence including dates:

\_\_\_\_\_

**9) Previous Work as a Volunteer: (please show details)**

**Period of work:** From:   /   /                      To:   /   /

**Name of Organisation:**

**Position and duties performed:**

**Reason for leaving:**

**Period of work:** From:   /   /                      To:   /   /

**Name of Organisation:**

**Position and duties performed:**

**Reason for leaving:**

**10) Referees: (preferably business/professional)**

Name:	Position and Company	Phone No.	Relationship

**11) Physical/Medical:**

NHW must ensure that you can perform the duties of a volunteer safely. Please give details below of anything that might affect your ability to perform volunteer work or might affect your safety or the safety of others. Include: **Any relevant medical condition or incapacity; Any relevant training needs; Any specific facilities you may need.**

\_\_\_\_\_

I [name].....certify that to the best of my knowledge, the above particulars are correct. As a condition of working as a volunteer at Northeast Health Wangaratta, I agree to comply with the relevant Organisational By-laws, policies and regulations that apply from time to time.

Signature of applicant: \_\_\_\_\_ Date:...../...../.....

**Please return completed form to:** Volunteer Co-ordinator, Community Relations Department  
Northeast Health Wangaratta, PO Box 386, Wangaratta Vic 3676