KOOWEERUP REGIONAL HEALTH SERVICE
Application for Volunteer

PLEASE PRINT CLEARLY		
SURNAME:	FIRST NAME:	
ADDRESS:		
		POSTCODE:
EMAIL ADDRESS:		
TEL. (AH):	TEL (BH):	MOBILE:
IF NOT BORN IN AUSTRALIA, DATE OF ARRIVAL IN AUSTRALIA:		
NATIONALITY:	OTHER LANGUAGES SPOKEN:	
OCCUPATION:	DATE OF BIRTH: / /	
EMERGENCY CONTACT:	NAME:	
TEL. NO. (AH)	Tel. No. (MOBILE):	
EXPERIENCE IN VOLUNTEERING OR COMMUNITY INVOLVEMENT:		
TRAINING COURSES/QUALIFICATIONS:		
WORK HISTORY:		
SKILLS & INTERESTS: (Tick box)		
Computer ☐ / Ipad ☐ Office Administration ☐ Music ☐		
Hospitality ☐ Youth related activity ☐ Gardening ☐ Customer Service ☐		
Local Community Knowledge ☐ Aged Care ☐ Arts & Crafts ☐ Sport ☐		
Previous KRHS experience ☐ Committees ☐		
Any other interesting skills or interests ☐ List:		
REASONS FOR VOLUNTEERING:		

AVAILABILITY AND HOURS						
☐ Monday Hrs:	☐Tuesday Hrs:	☐Wednesday Hrs:	☐Thursday Hrs:	☐Friday Hrs:	☐Saturday Hrs:	☐Sunday Hrs:
FREQUENCY: ☐ Weekly ☐ Fortnightly						

RELEVANT MEDICAL DETAILS
LAST TETANUS INJECTION: / / LAST FLU INJECTION: / /
MEDICATION USED:
PLEASE LIST ANY RELEVANT MEDICAL CONDITION, e.g. asthma, allergies, epilepsy, diabetes, travel sickness, heart condition:
ARE THERE ANY ACTIONS REQUIRED WHEN IT OCCURS?

EMERGENCY CONTACT	TEL. NO.:
MEDICARE NUMBER:	CONCESSION CARD NUMBER:
AMBULANCE COVER: ☐ YES ☐ NO	

MEDIA CONSENT	
I give consent that I may be photographed/videoed by Kooweerup Regional Health Service. By signing this section I understand that this media may be used in a range of publicity.	
VOLUNTEERS NAME (please print):	
SIGNED:	DATE: / /

RELEVANT DOCUMENTS			
Current Driver's License	Yes ☐	Number:	Expiry Date:
Working with Children Check	Yes ☐	Number:	Expiry Date:
Police Check	Yes ☐	Number:	Issue Date:
First Aid Certificate			
Food Handling Certificate	Yes ☐	Number:	Expiry Date:
Statutory Declaration (if applicable)	Yes ☐	Number:	Expiry Date:

CONFIDENTIALY AND PRIVACY STATEMENT

I agree to keep all information about patients, residents or staff at the Kooweerup Regional Health Service confidential and private whilst employed and after termination of volunteering term. I agree to abide by the Policies and Procedures as laid down in the Policy and Procedure Manuals of this Facility.

I agree to keep confidential any financial information in relation to patients/residents and the Kooweerup Regional Health Service during and after my volunteering period.

I understand that it is my responsibility to advise Kooweerup Regional Health Service of any changes to the information supplied (including medical).

Signature of Volunteer: **Date:**

DO YOU HAVE YOUR OWN TRANSPORT? ☐ **YES** ☐ **NO**			
IF RELEVANT - IS YOUR VEHICLE COMPREHENSIVELY INSURED? ☐ **YES** ☐ **NO**			
ARE YOU WILLING TO TRAVEL FOR TRANSPORT ASSISTANCE, IF NECESSARY? ☐ **YES** ☐ **NO**			
TWO REFEREES :			
1.	**NAME:**	RELATIONSHIP:	
	TEL. (AH):	TEL. (BH):	MOBILE:
2.	**NAME:**	RELATIONSHIP:	
	TEL. (AH):	TEL. (BH):	MOBILE:

PLEASE NOTE: All information contained on this form will be held strictly confidential. A current Victorian Police Check (valid for 3 years) and Working with Children Check (valid for 5 years) must be provided prior to commencement of volunteer role.

MC/sg/16646 Reviewed: Sep, 2016