



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 <input type="checkbox"/> / Ipad <input type="checkbox"/> Office Administration <input type="checkbox"/> Music <input type="checkbox"/>			
Hospitality <input type="checkbox"/> Youth related activity <input type="checkbox"/> Gardening <input type="checkbox"/> Customer Service <input type="checkbox"/>			
Local Community Knowledge <input type="checkbox"/> Aged Care <input type="checkbox"/> Arts & Crafts <input type="checkbox"/> Sport <input type="checkbox"/>			
Previous KRHS experience <input type="checkbox"/> Committees <input type="checkbox"/>			
Any other interesting skills or interests <input type="checkbox"/> List:			
REASONS FOR VOLUNTEERING:			

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.