

## Volunteer Application

Title \_\_\_\_\_ Last name \_\_\_\_\_ First name \_\_\_\_\_

Preferred name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Gender: Male  Female

Country of Birth \_\_\_\_\_

Languages spoken other than English \_\_\_\_\_

**Emergency Details: Please provide details of any information that could help us care for you in case of an emergency.**

Emergency Contact Person \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Relationship \_\_\_\_\_

Health Conditions \_\_\_\_\_

\_\_\_\_\_

Medication/s \_\_\_\_\_

\_\_\_\_\_

Doctor \_\_\_\_\_ Phone No \_\_\_\_\_

### Limitations

Please provide details of any physical or mental health restriction that may limit the activities in which you can be involved as a volunteer.

Limiting physical health restriction Yes  No

If yes, please provide details \_\_\_\_\_

Limiting mental health restriction Yes  No

If yes, please provide details \_\_\_\_\_

Have you been a citizen or permanent resident of another country other than Australia since turning 16 years of age? Yes  No

Have you been charged or convicted of any criminal offences? Yes  No

If yes, please provide details \_\_\_\_\_

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**Previous volunteer experience**

Have you previously volunteered? Yes  No  (If yes, please complete below)

Organisation \_\_\_\_\_

Example of tasks performed \_\_\_\_\_

Length of time with organisation \_\_\_\_\_

Organisation \_\_\_\_\_

Example of tasks performed \_\_\_\_\_

Length of time with organisation \_\_\_\_\_

Organisation \_\_\_\_\_

Example of tasks performed \_\_\_\_\_

Length of time with organisation \_\_\_\_\_

What experience have you had with older people?

\_\_\_\_\_  
\_\_\_\_\_

The contribution I believe I can make as a volunteer is

\_\_\_\_\_  
\_\_\_\_\_

What type of volunteer role are you interested in?

\_\_\_\_\_  
\_\_\_\_\_

**Previous work history**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What days / times are you available?

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Times							

Other (please state) \_\_\_\_\_

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**For Drivers Only**

Have you ever been charged or convicted of a traffic offence in the last 3 years? Yes  No

If yes, please provide details \_\_\_\_\_

Do you have a current driver's licence? Yes  No  Licence No. \_\_\_\_\_

Do you have your own transport? Yes  No

**For Palliative Care Support**

Have you experienced the death of a close friend or relative? Yes  No

If so, how long ago? \_\_\_\_\_

What relationship were you to this person? \_\_\_\_\_

Have you experienced any other important losses in your life? Yes  No

If yes, how long ago? \_\_\_\_\_

Could you briefly state the nature of your loss? \_\_\_\_\_

\_\_\_\_\_

Have you discussed with your family the possibility of becoming involved in the program? Yes  No

How do they feel about your involvement?

\_\_\_\_\_

Please list any particular skills that you feel can contribute

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I think an effective Palliative Care Support Volunteer should be able to

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Referees**

Please provide the names, addresses and telephone numbers of two referees. The Home will keep these responses confidential.

Name	Name
Address	Address
Business Phone	Business Phone
Home Phone	Home Phone
Mobile	Mobile

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I would be able to commence volunteer duties the Home from \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I understand there is no intention to form an employment relationship and contract between Fullarton Lutheran Homes Inc. and myself.

Signed (Applicant) \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signed (Volunteer Coordinator) \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(if applicant is under 18)

### Volunteer Office Use Only

Volunteer Application

Statutory Declaration (Police and Medical)

Police Clearance

Mandatory flu vaccination

References

Licence – copy of for drivers

Orientation:  Work Health & Safety Management

Equal Opportunities

Manual handling

Training in task

Volunteer Handbook

Tour of facility

Sign in book

Starting Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_