

# VOLUNTEER REGISTRATION FORM

## Personal Details:

Mr  Miss  Mrs  Ms

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  M  F  prefer not to disclose

Address: \_\_\_\_\_

\_\_\_\_\_

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

Email: \_\_\_\_\_

## In Case of Emergency Notify:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

## Volunteer Role

Which volunteer role/s would you like to apply for (more than one may be ticked):

- 70 Lowe Street
- Ark Toy & Activity Library
- EGHS Auxiliary
- Garden View Court
- Meals on Wheels
- Murray to Moyne
- Oncology
- Patricia Hinchey Centre
- Residents' Support Group
- Willaura Auxiliary
- Willaura Healthcare
- Events
- Consumer (e.g. review consumer leaflets, join project working groups, join a committee)

## Availability

How often are you available to volunteer?

Daily  Weekly  Fortnightly  Monthly

Which days are you available to volunteer?

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

**Experience:**

Please provide details of any relevant current/past volunteering experience.

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

Are you volunteering for Centrelink entitlements?

Yes

No

Do you have a Working with Children Check?

Yes

No

If yes, number and expiry date:

**References:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

**Volunteer Applicant Declaration and Consent**

I confirm that the information given on this form is true and complete. I understand that the information provided will be treated confidentially.

I understand that personally identifiable information about me is collected with my permission and I voluntarily submit it to East Grampians Health Service.

I understand that if I provide East Grampians Health Service with my email address, it will only be used for official communication, will not be added to any other mailing list or disclosed without my consent.

I consent to the following:

- My information being kept in accordance within the Privacy Act 2000
- A Police Check (Fit2Work) every three years
- Working with Children Check (WWCC) every 5 years
- NDIS check every 5 years
- A referee check

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