

VOLUNTEER REGISTRATION FORM

PERSONAL DETAILS

Mr [] Miss [] Mrs [] Ms [] Other [] _____
 Surname: _____
 Given name: _____
 Preferred name: _____
 Date of birth: _____ Gender: M [] F []
 Nationality: _____ Aboriginal | Torres Strait Islander []
 Circle: Australian citizen | Australian resident
 Address: _____
 Home phone: _____ Mobile: _____
 Email: _____

EMERGENCY CONTACT DETAILS

Name: _____
 Relationship: _____
 Home phone: _____ Mobile: _____

VOLUNTEER ROLES

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

- | | |
|---|---|
| <input type="checkbox"/> 70 Lowe Street | <input type="checkbox"/> Ark Toy & Activity Library |
| <input type="checkbox"/> EGHS Auxiliary | <input type="checkbox"/> Garden View Court |
| <input type="checkbox"/> Murray to Moyne | <input type="checkbox"/> Patricia Hinchey Centre |
| <input type="checkbox"/> Residents' Support Group | <input type="checkbox"/> Willaura Auxiliary |
| <input type="checkbox"/> Willaura Hospital | <input type="checkbox"/> Meals on Wheels |
| <input type="checkbox"/> Consumer representative (eg review consumer leaflets, join working groups, join a committee) | <input type="checkbox"/> Special events |

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
☐ Preferred times: morning | afternoon | either times suit with notice

EXPERIENCE

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

Are you volunteering for Centrelink's mutual obligation requirements? ☐ Yes ☐ No

Do you have any of the following:

Working with Children Check? ☐ Yes ☐ No

If yes, number and expiry date: _____

Police 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 acknowledge that any false or misleading information may be a sufficient case for rejection of this application.

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 this to East Grampians Health Service.

I understand that providing my email address to East Grampians Health Service that 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
- ☐ A Working with Children Check every five years
- ☐ A referee check

Signed _____ Date ____ / ____ / 20