

**Murray Mallee Community Health Service &
Murray Bridge Soldier's Memorial Hospital
Volunteer Application**

CONFIDENTIAL

Office Use Only	
Date of application: _____	Approval/Acceptance: _____
Date of interview: _____	Photo ID requested: Yes/No _____
Police Check: _____	Photo ID taken: _____
Reference Check: _____	

APPLICANT'S PERSONAL DETAILS

Surname: _____

Given Name(s) _____

Date of Birth: _____

Address: _____

Telephone Numbers Business: _____

Home: _____ Mobile: _____

Person to contact in case of Emergency: _____

Relationship to applicant: _____

Contact's Phone No: (home) _____ (business) _____

ABOUT VOLUNTEERING

Please give your reasons for wanting to do volunteer work.

Current Status:

Employed Full-time Employed Part-time Unemployed

Student Seeking employment Centrelink customer

Retired Centrelink CRN: ___ ___ ___ / ___ ___ ___ / ___ ___ ___ / ___

Other, please specify _____

Please give details of any previous work/volunteer experience.
(organisation,duties,position etc.)

Do you have any hobbies and other skills?

Languages other than English: _____

VOLUNTEER OPPORTUNITIES

There are a number of volunteer opportunities available which may be of interest to you. Please indicate your area(s) of interest using the guide below. If you have other interests not listed please specify in the space provided.

Health Service

- Day Centre (frail aged and younger disabled)
- Transport – Bus
- Women’s Health
- Working with children & families
- Administration duties
- Gardening
- Health Promotion programmes

Hospital

- Visiting wards
- Supper delivery
- Day Surgery
- Administration duties
- Mobile kiosk

Our Wellbeing Place

- Administration duties
- Information services
- Resource library
- Catering support (kitchen duties)
- Gardening

Do you prefer to work with clients in: a group setting (or) one-to-one

How often are you willing to volunteer?

Weekly fortnightly Monthly as required occasionally

Please tick when you may be available and give approximate times (eg. ½ day, morning only).

	Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
Morning						
Afternoon						
After hours						

GENERAL INFORMATION

Have you ever been convicted of a criminal offence or do you have any criminal matters pending against you? Yes No

If yes, please give details: _____

Are you prepared to undergo a Police Offender check? Yes No

Do you agree to undergo additional training if required? Yes No

Are you on WorkCover? Yes No

Have you been formally referred? (eg. by your doctor or social worker)

Yes No If yes, by whom? _____

Please give two referees with contact telephone numbers. (A referee must be someone you have known longer than two years, and not a family member).

Name: _____ Phone (home) _____

Relationship: _____ Phone (work) _____

Name: _____ Phone (home) _____

Relationship: _____ Phone (work) _____

THIS SECTION IS TO BE COMPLETED IF YOU ARE PREPARED TO DRIVE A GOVERNMENT VEHICLE IF NEEDED.

DRIVER'S LICENCE DETAILS

Licence No: _____ Expiry Date: _____

Class of Licence: _____ Years Licence held: _____

Have you had your Driver's Licence refused, suspended or cancelled within the past 5 years? Yes No

If yes, please give details: _____

How often are you prepared to drive?

Daily Weekly Fortnightly Monthly As required

Are you prepared to undergo a Medical assessment? Yes No

MEDICAL

Do you suffer from any medical or other condition that may affect you whilst performing your duties as a Volunteer? Yes No

If yes, please give details: _____

APPLICANT'S DECLARATION

I, (full name)

Do solemnly and sincerely declare that:

1. The information given in this application is true and correct.
2. I acknowledge that any false or misleading information may lead to my application being rejected or any subsequent approval being revoked.
3. I will notify the Murray Bridge Community Health Service and/or Murray Bridge Soldiers' Memorial Hospital if any of the above circumstances change.
4. I consent to my personal details being used for the purpose of a security check by the Police Department, Registration and Licensing Office, in respect to offences and alleged offences.
5. I understand all information obtained will be treated in absolute confidence.
6. I will comply with the Rights and Responsibilities for volunteers within the Murray Bridge Community Health Service and Murray Bridge Soldiers' Memorial Hospital.

Declared thisday of 20

Applicant's signature

Witness

Address of witness

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