

VOLUNTEER APPLICATION FORM

PERSONAL DETAILS

Name	
Address	
Phone	
E-Mail	
Age Range	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18 – 24 <input type="checkbox"/> 25 – 34 <input type="checkbox"/> 35 – 44 <input type="checkbox"/> 45 – 54 <input type="checkbox"/> 55 – 64 <input type="checkbox"/> 65 – 74 <input type="checkbox"/> 75 – 84 <input type="checkbox"/> Over 85

INTERESTS

Which volunteering role/s would you like to apply for?

- | | |
|---|---|
| <input type="checkbox"/> Guest Support | <input type="checkbox"/> Gardening/flower arranging |
| <input type="checkbox"/> Family and carer support | <input type="checkbox"/> Op Shop |
| <input type="checkbox"/> Catering Assistant | <input type="checkbox"/> Board / Committee |
| <input type="checkbox"/> Reception | <input type="checkbox"/> Fundraising/events |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Complimentary Therapy |

AVAILABILITY

Please provide your availability for volunteering? *Please tick all that apply*

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

What motivated you to apply for a volunteering role at Hospice?

Special Skills or Qualifications

Please summarise skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Please summarise your previous volunteer experience

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Personal References

Please provide details of someone who can provide a personal reference for you

Name	
Address	
Phone	
Email	
Relationship to you	

Police Checks

Albany Community Hospice is dedicated to providing a safe and healthy environment for our guests, their families, and all people working at Hospice. For this reason, should you be interested in this role, you will need to undergo a National Volunteer Police Clearance which we will complete for you. This will be completed following the initial meeting with the Volunteer Support Coordinator and you will need to provide personal details and provide identity documents such as a driving license.

If you have any questions about these background checks, please do not hesitate to contact Sonya Coleman, Volunteer Support Coordinator on 9892 2456 or email volunteer@albanyhospice.org.au Please note that we treat all information as sensitive and handle it in accordance with privacy laws.

Agreement and Signature

By submitting this application, I confirm that the information provided is true and complete.

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in volunteering with us

Please email this form to: volunteer@albanyhospice.org.au
or post to: Albany Community Hospice, P.O. Box 5210, Albany, WA, 6332