

VOLUNTEER APPLICATION FORM

SURNAME: **GIVEN NAMES:** **TITLE:**

ADDRESS:

PHONE: (h) (w) (m)

DATE OF BIRTH: **COUNTRY OF BIRTH:**

LANGUAGES SPOKEN:

NEXT OF KIN (FOR REASONS OF EMERGENCY): Name:

Address:

Contact No.:

1. **How did you hear about the RSL LifeCare Volunteers Program?**
 Word of mouth Member of staff Media
 Other:
 2. **What do you hope to achieve personally from being a volunteer?**

 3. **Please list your skills, interests and hobbies**

 4. **Do you hold a current First Aid Certificate?** Yes No
 If yes, type: Expiry Date:
 5. **What days would you have available for your volunteer commitment?**
 Monday Tuesday Wednesday Thursday Friday
 Saturday Sunday
 6. **What hours would you have available for your volunteer commitment?**
 Hours: Morning Afternoon Evening
 7. **How often would you be available for your volunteer commitment?**
 Weekly Fortnightly Monthly Other:
- Intended length of stay:

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8. Please indicate the type of volunteering which most interests you:

- | | |
|--|---|
| <input type="checkbox"/> Visiting individual residents | <input type="checkbox"/> Entertaining |
| <input type="checkbox"/> Escorting to appointments | <input type="checkbox"/> Reading/writing letters |
| <input type="checkbox"/> Escorting bus outings | <input type="checkbox"/> Social activities |
| <input type="checkbox"/> Escorting to shopping | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Gardening/Maintenance | <input type="checkbox"/> Assisting with group recreational activities |
| <input type="checkbox"/> Craft activities | <input type="checkbox"/> Volunteer bus driving (Licence details |
| <input type="checkbox"/> Other: | |

9. Do you have a preferred area where you'd like to volunteer?

- Hostels Peter Cosgrove House Other:

10. Please list any previous experience you have had volunteering

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11. Please list your current or last place of work, either in paid or voluntary capacity:

Company Name: Position:
 Time of Employment:

12. Please list two referees (not relatives):

Name:	Name:
Address:	Address:
Relationship:	Relationship:
Phone:	Phone:

I hereby apply to be a part of the RSL LifeCare Volunteer Program.

Name:

Signature: **Date:**

Thank you for your interest in joining our Volunteer Program. We look forward to discussing your involvement with us further in the future.

**RON THOMPSON
 CHIEF EXECUTIVE OFFICER**

STAFF CHECKLIST

<input type="checkbox"/> Handbook	<input type="checkbox"/> Confidentiality Agreement	<input type="checkbox"/> References
<input type="checkbox"/> Letter of Acceptances	<input type="checkbox"/> Name badge – photo	<input type="checkbox"/> Police Check
<input type="checkbox"/> Other:		