

Central Gippsland Health Service

Volunteer Application Form



Name									
Address									
Date of Birth		/		/					
Telephone	Home								
	Work								
	Mobile								
Email									
Languages Spoken									
Occupation (please tick)									
Student	<input type="checkbox"/>	Employed	<input type="checkbox"/>	Retired	<input type="checkbox"/>				
Home Duties	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Other	<input type="checkbox"/>				
Next of Kin/Emergency Contact									
Name									
Address									
Telephone	Home								
	Work								
	Mobile								
General Health									
Do you have any disability/medical conditions which may affect the type of work you will do as a volunteer?									
Yes <input type="checkbox"/>				No <input type="checkbox"/>					
If yes, please describe:									
Are there any factors/medications we should be aware of as you volunteer?									
Yes <input type="checkbox"/>				No <input type="checkbox"/>					
If yes, please describe:									
Availability									
Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday	<input type="checkbox"/>
Comprehensive Car Insurance		Yes <input type="checkbox"/>					No <input type="checkbox"/>		
Current Driver's License		Yes <input type="checkbox"/>					No <input type="checkbox"/>		
		Number:			Exp:				

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Programs					
Which of the following volunteer programs are you interested in (please tick)?					
Families Forward		Pink Ladies		Ward Support	
Palliative Care		Friendly Visitor		Delivered Meals	
Planned Activity Groups				Other	
Aged Care					
Wilson Lodge			McDonald Wing		
Laurina Lodge			Stretton Park		
Driving					
Sale		Maffra/Briagolong		Long Distance	
Do you have an Endorsed Licence? Yes <input type="checkbox"/> Number					No <input type="checkbox"/>
Leisure Interests					
Work Experience & Skills					
Police Check					
A Victorian Police Check/Fit2Work form is submitted with this application. Yes <input type="checkbox"/>					
Drivers only					
I agree to inform my supervisor of any change to my driver's license conditions or if there is a change in my health which could impact my driving ability. Yes <input type="checkbox"/>					
I agree that in the event of there being a change in my health condition I will be required to provide a medical certificate providing clearance to continue driving Yes <input type="checkbox"/>					
Verification of Information					
I certify that the information on this form is true and correct. I consent to this application information being used/shared within CGHS for coordination of volunteer programs. Yes <input type="checkbox"/>					
Declaration					
As a volunteer with CGHS, I agree to maintain confidentiality. I understand no payment is applicable for volunteer work. Yes <input type="checkbox"/>					
Signature				Date	/ /