

VOLUNTEER APPLICATION FORM

First Name:	Surname:
Address:	
Email:	Mobile:
Emergency Contact Name:	
Emergency Contact Phone Number:	

Besides English, what languages are you able to communicate in?	
Written:	Spoken:

Please tick the type of volunteering:	
<input type="checkbox"/> Ongoing volunteer	<input type="checkbox"/> One –off volunteer
Do you have a current driver’s license?	
<input type="checkbox"/> Manual	<input type="checkbox"/> Automatic
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Heavy Vehicle	

Please indicate your availability:		
Number of hours per week:	Available to commence from:	
Which days/times are you available?		
<input type="checkbox"/> Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Saturday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Sunday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon
How often do you wish to volunteer?		
<input type="checkbox"/> Weekly time(s)		
<input type="checkbox"/> Fortnightly..... Time(s)		
<input type="checkbox"/> Monthly Time(s)		

Have you had previous volunteering experience?

Please
List any studies or qualifications that may be relevant to the volunteering role

Please describe any interests, skills or other experience that may be relevant to the volunteer role.

Please advise your areas of interest

<input type="checkbox"/> Companionship	<input type="checkbox"/> Gardening	<input type="checkbox"/> Shopping
<input type="checkbox"/> Reading	<input type="checkbox"/> Arts and Crafts	<input type="checkbox"/> Social activities
<input type="checkbox"/> Computers		
Other.....		
.....		

Please provide details of at least two referees we can contact to obtain a verbal reference of your character and abilities.

1. Name and company _____ Phone _____
2. Name and company _____ Phone _____

Hakea Grove has a duty of care to our staff, residents and you during your time as a volunteer. Your responses to the following questions will assist us to care for all the people who work, visit and live with us.

Do you have an existing medical condition/disability which may affect your capacity to carry out the requirements of the volunteer role you are applying for, or, if by carrying out the role could you medical condition or health be adversely affected?

- Yes No

If yes, please specify

As part of the process of applying to volunteer at Hakea Grove you will be required to undergo a Police Criminal Check. This process will be organised and paid for by Hakea Grove. Volunteers who have lived in foreign country for any period of time after the age of 16 must also provide a statutory declaration regarding any criminal history during that time.

All Hakea Grove volunteers are required to attend an orientation session and relevant training prior to commencement as a volunteer

Declaration

To the best of my knowledge, the information I have given in this application is correct and true. I possess all qualifications that I have claimed to hold. I understand that any information that is later discovered to be incorrect may result in termination of any agreements made.

Print Name: _____

Signature: _____

Date: _____