

Application Form

Name:

Address:

Home Telephone:

Work Telephone:

Mobile:

Email:

In Case of an Emergency

Next of kin or person to contact:

Home Telephone:

Work Telephone:

Mobile

Doctor's Name:

Doctor's Telephone

Date of Birth:

Sex M / F

Country of Birth

Languages spoken

Available to volunteer *(Please Circle)*

Day

Evening

Weekends

Day's available to volunteer:

Are you available to volunteer at short notice?

Yes

No

What are your current interests and hobbies?

What special skills / attributes could you contribute to Echuca Community for the Aged?

Are you currently in paid employment?

Full Time

Part Time

Student

Retired

Unemployed Currently Volunteering

2

Do you have the use of a car? Yes No

Do you have a current Driver's Licence? Yes No

Do you agree to undertake a Police Check? Yes No

Driver's Only

Licence No.: Expiry Date: Class

Do you have any restrictions on your licence? *If YES, please give details*

Name & phone number of a personal / business referee

Name

Address

Telephone

Mobile

Email

Name & phone number of a personal / business referee

Name

Address

Telephone

Mobile

Email

Signature of applicant:

Date: / /

Office Use Only

Volunteer position assigned

Date commenced volunteer work/...../.....

Referee check Statutory Declaration Police Check Driver's Licence *Orientation* / / Name Badge Orientation Checklist