

## **Volunteer Application Form**

Please complete this form to apply to become a Volunteer at Fitzroy Community Hospice. Return this form the CEO-Director of Clinical Services at <u>CEO@fitzroyhospice.org.au</u>

Applicant Details						
First Name:			Surname:			
Preferred Name:						
Address:						
Phone No:		Email:			DOB:	

Volunteer Roles							
Please indicate the type of Volunteer role(s) you are interested in							
<ul> <li>Administration</li> <li>e.g., reception duties, data entry</li> </ul>	<ul> <li>Hospitality</li> <li>e.g., cooking, serving food, laundry,</li> <li>cleaning</li> </ul>	<ul> <li>Care and Support</li> <li>Direct contact with patients and families e.g., companionship, emotional/bereavement support</li> </ul>					
Maintenance e.g., lawn and garden maintenance, handyperson jobs	Fundraising Assists with planning and/or hosting of events & functions, raffles.	☐ Other, details:					

## About You

Write a few sentences about yourself e.g., why you wish to volunteer, why this role(s), interests, skills, experience, and training etc. [Optional – attach a Resume or Curriculum Vitae]

## Availability

*Please indicate your availability to perform a volunteer role(s)* 

□ Weekly □ Fortnightly □ Monthly

Further details including approximate hours:

□ Episodic i.e., on request, for a specific event/project/campaign Further details:

Please share with us details of any employment, volunteer roles, or other commitments that may impact your availability

Screening Questions	
Do you have a current Driver's License?	🗆 YES 🗌 NO
Do you have any Allergies, Medical Conditions, or Pre-existing Injuries that could restrict or impact your role as a Volunteer?	🗆 YES 🗌 NO
If 'Yes' please provide more detail so we can look to best support, you in a volunteer role.	
If shortlisted as a Volunteer, do you agree to provide evidence that you are immune to the following - Measles, Mumps, Rubella, Chicken Pox (Varicella), Whooping Cough (Pertussis), and Hepatitis B (dependent on role)? You may need to visit your GP to certify your vaccination status and/or arrange vaccination(s) or blood test.	□ YES □ NO
If shortlisted as a Volunteer, do you agree to complete a Criminal History Check?	🗆 YES 🗆 NO

## References

Please provide the details of 2 referees who have known you for at least 12 months within the past 5 years and can comment on your skills, personal conduct, and character. Please note references will only be contacted after discussion with you.

Referee 1	
Name	
Mobile Phone Number	
Email Address	
Relationship	
Referee 2	
Name	
Mobile Phone Number	
Email Address	
Relationship	

Signature:		Date:	
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