

# Volunteer Application Form



Please complete this form to apply to become a Volunteer at Fitzroy Community Hospice and return via email to: [admin@fitzroyhospice.org.au](mailto:admin@fitzroyhospice.org.au)

Applicant Details					
<b>First Name:</b>		<b>Surname:</b>			
<b>Preferred Name:</b>					
<b>Address:</b>					
<b>Phone No:</b>		<b>Email:</b>		<b>DOB:</b>	

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

About You
<i>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]</i>

Availability
<i>Please indicate your availability to perform a Volunteer role(s)</i>
<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly Further details including approximate hours:
<input type="checkbox"/> 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 Drivers Licence?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any Allergies, Medical Conditions, or Pre-existing Injuries that could restrict or impact your role as a Volunteer? <i>If 'Yes' please provide more detail so we can look to best support you in a Volunteer role.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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 (dependant on role)? <i>You may need to visit your GP to certify your vaccination status and/or arrange vaccination(s) or blood test.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
If shortlisted as a Volunteer, do you agree to complete a Criminal History Check?	<input type="checkbox"/> YES <input type="checkbox"/> 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. <i>Please note references will only be contacted after discussion with you.</i>	
Referee 1	
Name	
Mobile Phone Number	
Email Address	
Relationship	
Referee 2	
Name	
Mobile Phone Number	
Email Address	
Relationship	

<b>Signature:</b>		<b>Date:</b>	
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