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.

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

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

About You
Write a few sentences about yourself e.g., why you wish to volunteer, why this role(s) interests you, your 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 commitments that may impact your availability, such as employment, other volunteer roles, family etc:

Screening Questions	
If shortlisted as a Volunteer, do you agree to complete a Criminal History Check?	☐ YES ☐ NO
If shortlisted as a Volunteer, you may need 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). If relevant, do you agree to this? *You may need to visit your GP to certify your vaccination status and/or arrange vaccination(s) or blood test.*	☐ YES ☐ NO
Do you have any Allergies, Medical Conditions, or Pre-existing Injuries that could restrict or impact your role as a Volunteer? *If 'Yes' please provide more detail so we can best support you in a volunteer role.*	☐ YES ☐ NO
Do you have a current Drivers Licence?	☐ 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:** _____