

Volunteer Application Form

1. Personal Details:

Title: Mr Ms Miss Mrs Other _____

Surname: _____ Given Names _____

Address: _____

Telephone: (home) _____ (work) _____ (Mob) _____

Email: _____@_____ Date Of Birth: _____

Country of Birth: _____ Language(s) spoken: _____

2. Are you currently involved in: (please tick)

Study Home Duties Employment Seeking Employment

Retirement Other _____

3. Availability: (please tick)

Morning Lunchtime Afternoon Weekend

Days Preferred: (please tick)

Mon Tues Wed Thurs Fri Sat Sun

Frequency: (please tick)

Weekly Fortnightly Monthly Emergency

4. What are your skills and previous work experiences (unpaid and paid)?

5. What are your hobbies and interests?

6. Would you like to incorporate any of these experiences into your volunteering?

7. Which program area/s would you like to volunteer in?

Meals on Wheels Transporting clients Fitness/exercise programs

Dining Room Service Social outings (jockey) Craft/Leisure Activities

Administration Assisting in Day Centre

Visiting Teaching computers

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8. Are there any tasks you would prefer not to undertake? Eg. Personal care tasks

9. Have you any disabilities or medical conditions which may affect the type of work you do as a volunteer? Yes No

If yes, please describe

10. If your volunteering involves driving, do you have:

- | | | |
|--------------------------------------|------------------------------|-----------------------------|
| Current Victorian Drivers Licence | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Registered Car | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Comprehensive Insurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you willing to use your own car? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

11. Do you have:

- | | | |
|---------------------------------|------------------------------|-----------------------------|
| First Aid Certificate (Current) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| CPR Training (Current) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

12.. Please list name and phone number of two *unrelated* referees:

Name: _____ Phone No: _____
Name: _____ Phone No: _____

13.. In case of Emergency:

Next of Kin: _____ Phone No: _____
Doctor: _____ Phone No: _____

14.. How did you become aware of our need for volunteers?

15. Why are you interested in volunteering with BASS Care?

Volunteer's Signature _____ Date _____