

VOLUNTEER APPLICATION FORM

CONTACT INFORMATION

Name		Date of Birth	
Street Address		City	
Post Code		Home Phone	
Mobile Phone		E-Mail Address	

AVAILABILITY

During which hours are you available for volunteering?

DAY	MORNING	AFTERNOON	EVENING
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

INTERESTS

Which areas you are interested in volunteering

- | | |
|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Gardening/flower arranging |
| <input type="checkbox"/> Guest support | <input type="checkbox"/> Op Shop |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Weavers Program |
| <input type="checkbox"/> Meet and Greet | <input type="checkbox"/> Board / Committee |
| <input type="checkbox"/> Family and carer support | <input type="checkbox"/> Fundraising/events |

Special Skills or Qualifications Summarise skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience Summarise your previous volunteer experience.

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Have you experienced a recent bereavement? Please provide us with some information

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Personal References Please supply the names of 2 people we may contact

1. Name		2. Name	
Street Address		Street Address	
City and Post Code		City and Post Code	
Phone		Phone	
Relationship to applicant		Relationship to applicant	

Person to Notify in Case of Emergency

Name	
Street Address	
City and Post Code	
Contact number/s	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in volunteering with us.

Please send this form to: Albany Community Hospice, P.O. Box 5210, Albany, WA, 6332
or Email: volunteer@albanyhospice.org.au