



Leading our community towards better health

VOLUNTEER APPLICATION

First Name:

Surname:

Address:

Town/City:

State:

Postcode:

Phone Home:

Mobile:

Email Address:

Do you have a current drivers licence?

Yes

No

Licence number:

Expiry Date:

Previous voluntary experience and length of service?

Please specify other activities/skills you are interested in?

Please list any work history/hobbies/skills/other interests?

Please indicate which days and times you may be available below:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Health Declaration:

- No, I am not aware of any health conditions that might affect my ability to perform the requirements and demands of a volunteer position
- Yes, I have a pre-existing health condition that might affect my ability to perform the requirements and demands of a volunteer position

If Yes, Please list the pre-existing conditions:

References:			
Reference 1		Reference 2	
Name:		Name:	
Address:		Address:	
Phone:		Phone:	
Signed:		Date:	
<p>Please note – To become a volunteer at Nathalia District Hospital we will provide you with a comprehensive orientation to enable you to fulfil you role.</p> <p>By law we do require all volunteers to undertake a police check, sign confidentiality/privacy clause and volunteer position description before commencing as a volunteer at Nathalia District Hospital / Banawah Nursing Home</p>			