



Personal details:

Title: Ms. Mrs. Miss. Mr.

Name: _____

Address: _____

Suburb/town _____ State: _____ Postcode: _____

Contact Details: Home: _____ Work: _____

Mobile: _____ Email address : _____

Date of birth: **DD / MM / YY** Gender: Male Female

Driver's license

Do you have a current driving license? Yes No If yes, please circle: manual/automatic

Would you be willing to transport residents to medical appointments? Yes No

Emergency Contact

Name: _____ Relationship _____

Mobile: _____

		Mon	Tue	Wed	Thu	Fri	Sat	Sun
Availability	Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Any time: <input type="checkbox"/> or specify →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work and Volunteering History:

1. Outline why you would like to work at the organisation:

2. If you have relevant work experience in a paid or voluntary capacity, please let us know here:

3. List any skills and/or experience you would like to share with us:

4. Do you speak any language other than English? Yes No. *If yes – please outline below:*



Your Health & Safety

We are committed to providing and maintaining a safe and healthy work and living environment for consumers, staff, volunteers and visitors. Do you have a disability/medical condition that might prevent you from doing certain types of work?

Yes No. *If yes – please outline below:*

Referees

Please provide the name, address and telephone number of two people who are not family members and who are willing to act as referees for your chosen voluntary work position.

Referee 1:

Name: _____ **Phone:** _____

Relationship: _____

Years Known: _____ **Email:** _____

Referee 2:

Name: _____ **Phone:** _____

Relationship: _____

Years Known: _____ **Email:** _____

Declaration

I am applying to become a volunteer within Cobram Regional Care.

I understand that I am required to participate in an interview, receive satisfactory Reference, Police Record and successfully complete training prior to acceptance as a volunteer.

If successful, I agree to maintain the highest standards of confidentiality, with respect to any information obtained during the course of my volunteer work.

I declare that the information contained in this application is true and correct.

Signed: _____ **Print:** _____

Date: _____