



Volunteer Application Form

Thank you for expressing interest in Volunteering with Grampians Health Stawell.

Please indicate the type/s of activity you are most interested in:

- | | |
|--|--|
| <input type="checkbox"/> Patient support & company | <input type="checkbox"/> Meet and Greet |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Cancer Support |
| <input type="checkbox"/> Socialising & assisting with activities | <input type="checkbox"/> Customer Services/ sales/ fundraising |
| <input type="checkbox"/> Admin/ Project work | |

Personal Details

Title (please tick box): ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other

First Name: Surname:

Preferred Name: D.O.B.:

Address: CITY:

Post Code: Email:

Phone: Mobile:

Emergency Contact Details

Name: Contact Phone Number:

Address:

Relationship to you (e.g. Friend, partner):

Experience and Qualifications

Please list your qualifications, work experience and special skills **(please attach a brief resume if you have one)**:

.....

.....

.....

Please list any previous or current volunteer experience:

.....

.....

.....

Why do you wish to become a Volunteer at Grampians Health Stawell?

.....

.....

.....

Referees

Please supply names and contact details for 2 referees: (people who know you well enough to comment on your character, preferably not friends or family):

1. Name:

Position / Organisation:

Phone No.:Email

2. Name:

Position / Organisation:

Phone No.:Email:

I consent to having my photo taken at any time, to be used by Grampians Health for marketing, promotion and reporting purposes.

Applicant Signature: Date: / /

***Please complete and return to:
Volunteer Services
Grampians Health Ballarat
PO Box 199, Ballarat, 3353
or volunteers@gh.org.au***