

FERNLEA VOLUNTEER APPLICATION

Name: Date:.....

Address:Postcode.....

Phone: (Home)(Work).....(Mobile).....

Preferred Ph: contact (please circle) Home Work Mobile E.mail:.....

I am interested in volunteering opportunities at/as:

Emerald (in house) Berwick (in house) DRIVER (bus or own car)

Reiki (Emerald or Berwick) OP SHOP (Emerald) BOARD MEMBER

Please circle on or more

Tell us why you would like to volunteer with Fernlea House.

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What strengths do you think you will bring to the role?

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Skills Interests Hobbies?

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Do you have any restrictions that may affect the type of role you are interested in?

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What is your understanding of palliative care?

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How do you think you will manage being involved with people who are not well?

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Please tell us about bereavements you have experienced, friends or relatives from any cause. How long ago was this and what did you gain from the experience?

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How do your friends and family feel about you taking on the role as a palliative care volunteer?

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What do you believe may challenge you in this role?.

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What do you hope to gain from the training program? Are there any particular areas you would like to cover?

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Skills/interests/hobbies (please list)

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How would you describe your present state of health?

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Do you have any restrictions that might affect the type of volunteer work you can d undertake? (physical, emotional, spiritual)

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DRIVING

Do you drive- car? Y / N &/or bus? Y / N
Do you have a car at your disposal? Y / N
Do you have comprehensive insurance? Y / N
Are you willing to drive guests if required? Y / N

Would you be a driver and/or jockey for the Community bus? Y / N / Not sure yet.
Are you a Centrelink recipient? Y / N
If yes how long have you received Centrelink?

Which day/s would you be available for volunteer work? (please circle)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM / PM	AM / PM	AM / PM	AM / PM	AM / PM

Names of two people we can contact, with your permission, for a reference.
One should be a professional reference.

1.

Name:.....

Position.....

Address.....

Phone number.....

Relationship to applicant.....

2.

Name.....

Occupation.....

Address.....

Phone number.....

Relationship to applicant.....

Declaration:

All the information that I have given you is correct. I understand that all workers at Fernlea House (paid and volunteer) are required to have a Police Records check. I will provide proof of identity.

Signed Date

Permission:

I give Fernlea House permission to contact the referees in this application form for the purpose of discussing my suitability to become a volunteer at Fernlea House Inc.

Signed Date