

Volunteer Application Form

Volunteer's Details:

First Name:		DOB:	
Surname:			
Address:		Post Code:	
Home Phone:		Mobile:	
Email Address:			
Aboriginal:	Y / N	Torres Strait Islander:	Y / N

Emergency Contact:

First Name:			
Surname:			
Relationship to Employee:			
Home Phone:		Mobile:	

Why are you interested in volunteering for Fernlea?

How did you hear about Fernlea's volunteer program?

- Word of mouth
 Newspaper
 Radio
 Website
 Social media
- other (please advise)

Tell us about your interests, hobbies and relevant volunteer experience.
Tell us about your employment/professional background.
Which area (s) would you like to volunteer in?

- Guest services Driving Complementary Therapies Op Shop Admin
 Gardening Events Fundraising Grants Board of Directors
 other (please advise)

What is your availability?

(Example: AM shift 10am – 1pm, PM shift 1pm – 4pm. These times will differ in the different volunteer roles)

- | | | | | | | |
|--|---|---|--|--|--|--|
| <input type="checkbox"/> Monday
AM/PM | <input type="checkbox"/> Tuesday
AM/PM | <input type="checkbox"/> Wednesday
AM/PM | <input type="checkbox"/> Thursday
AM/PM | <input type="checkbox"/> Friday
AM/PM | <input type="checkbox"/> Saturday
AM/PM | <input type="checkbox"/> Sunday
AM/PM |
|--|---|---|--|--|--|--|

Frequency: *(for example, daily, weekly, monthly...)*

Do you speak a language other than English?

- No Yes: Which language(s)?

Do you have a medical condition or restriction that may affect your role as a volunteer?

- No Yes: please state
(Alternatively, you can discuss this privately at interview)

Previous Work Cover Injuries:

Have you had any previous workcover injury claims? Yes No If 'yes' please complete the following:

Date of Injury:		Has this claim be finalised? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Nature of the Injury:		Company employed by:	

Referees: please provide the name, position and contact details of two (2) referees

Name:	Position:	Contact number:
Name:	Position:	Contact number:

Signature of Applicant:

Date:

OFFICE USE ONLY

		Name/Signature	Date
Role Application form completed (if required)	<input type="checkbox"/>		
Referees checked	<input type="checkbox"/>		
Police check completed	<input type="checkbox"/>		
Welcome letter & orientation package sent	<input type="checkbox"/>		
Volunteer Agreement & Position Description signed	<input type="checkbox"/>		
Manager advised & entered on Volunteer Database	<input type="checkbox"/>		
Induction completed	<input type="checkbox"/>		