

# Volunteer Application Form



---CONFIDENTIAL---

Surname: \_\_\_\_\_ Given name/s: \_\_\_\_\_

Preferred name (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Email address: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Medical conditions requiring regular or intermittent medications: \_\_\_\_\_

## List education, training, other languages, skills, hobbies, interests

(e.g.: bus license, can play a musical instrument) (Additional page can be attached if required)

## What do you hope to achieve personally from being a volunteer?

Have you volunteered with THS before? ☐ Yes ☐ No If yes, when and in what capacity?

## Please list two referees:

(Must have known you for more than two years and is not a family member)

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

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<#next\_review\_date>

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Health Service Prompt document management system

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Please indicate which days and times you are available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon

Comments:

The following is a selection of tasks and activities that volunteers may assist with. Please circle those you may be interested in:

Meals on Wheels

Bus Driver

Outings

Meal Service

Musical Entertainment

Gardening Assistant

Cooking

Reading

Pet Therapy

Social Visitor

Hand and Nail Care

Shopping Assistant

## Confidentiality statement (from the THS Volunteer Handbook):

I understand that I am required to maintain strict confidentiality with reference to all matters relating to the Tallangatta Health Service. Failure to observe this requirement may be regarded as misconduct warranting dismissal from the THS Volunteer Program.

Signature:

Date:

Please return to the THS Consumer Experience Coordinator

**Or**

Email a copy to:

[THS@ths.org.au](mailto:THS@ths.org.au)

**Or**

Post to:

Consumer Experience Coordinator  
Tallangatta Health Service  
Post Office Box 77  
Tallangatta, VIC, 3700

If you have any questions, please phone the Consumer Experience Coordinator on 02 6071 5200 or email

[THS@ths.org.au](mailto:THS@ths.org.au)

**OUR VISION:**  
Empowering People for Health



Integrity



Caring



Adaptable



Respect



Excellence

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