

Volunteer Application Form

VOL F 001

Title: _____ First Name: _____ Surname: _____

Date of Birth: _____ Application Date: _____

Street Address: _____

Suburb: _____ State: _____ P/Code: _____

Postal Address: _____ Same as above

Suburb: _____ State: _____ P/Code: _____

Phone: _____ Mobile: _____

Email Address: _____

Best time to contact you: _____

Which volunteer position(s) are you interested in applying for?

1. _____

2. _____

3. _____

Please provide details of any qualifications (including first aid), experience or other skills you have that would support your volunteering application:

Have you had exposure to people living with dementia? Explain:

Do you speak any languages other than English?

Please tell us why you would like to volunteer with us?:

Are you wanting to volunteer with us as a requirement for: Studying Centrelink Entitlements

Your availability for volunteering (please tick all boxes that apply):

Our volunteering placements cannot be used by students looking to complete their course work experience hours.

	Morning	Afternoon	All Day	How often do you wish to volunteer?
Monday				Every Week
Tuesday				Every Fortnight
Wednesday				Once a month
Thursday				Other
Friday				
Saturday				
Sunday				

Medical or Health Issues:

Do you have (or have you had) a medical or health problem which may affect your volunteer work, or that we should otherwise know about in the event of an emergency?

Are you on or have you ever had a workers compensation for an injury at work?
Please provide year of claim and injury details.

Contact Person (Next of Kin or Preferred Contact Person in case of an emergency)

Full Name: _____ Relationship: _____

Street Address: _____

Suburb: _____ State: _____ P/Code: _____

Phone: _____ Mobile: _____

Referee Information

Please provide details for someone who knows you and can provide personal or professional reference, such as your employer, doctor, neighbor etc.

Referee Name: _____ Phone Number: _____

I, _____ (please print) certify that the information provided is correct.

Signature: _____ Date: _____

Police Clearance:

All of our volunteers are required to hold either a national or a volunteers police clearance, do you currently have either of these that is less than six months old? Yes No

(If you do not hold either Alzheimer's WA will complete a volunteer police clearance on your behalf at no cost to you)

I consent to Alzheimer's WA keeping a copy of my volunteering police clearance on file: Yes No

Signed: _____ Date: _____

Please return completed form to **PO Box 1509, SUBIACO WA 6904** or email HR@alzheimerswa.org.au
We will review your application and if shortlisted we will contact you to arrange a short interview.