

# Volunteer Application Form

*Thank you for expressing interest in Volunteering with Grampians Health Ballarat.*

Which area would you like to volunteer in?

- |  |  |
|--|--|
| <input type="checkbox"/> Base Hospital (Drummond Street)             | <input type="checkbox"/> The Queen Elizabeth Centre (Ascot Street South) |
| <input type="checkbox"/> Residential Aged Care facilities (10 sites) | <input type="checkbox"/> Planned Activity Group (Day centres- 2 sites)   |

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                     | <input type="checkbox"/> Consumer representative program       |
| <input type="checkbox"/> Pastoral Care                           | <input type="checkbox"/> Hospital Elder Life Program (HELP)    |
| <input type="checkbox"/> Delta Dogs                              | <input type="checkbox"/> Arts & Health                         |

## 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***):

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Please list any previous or current volunteer experience:

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

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## 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: .....

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I consent to having my photo taken at any time, to be used by Grampians Health Ballarat 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***