

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 (9 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 & companionship | <input type="checkbox"/> Hospital wayfinder |
| <input type="checkbox"/> Cancer patient transport service | <input type="checkbox"/> Cancer patient support & Wellness Centre |
| <input type="checkbox"/> Social & activity companions | <input type="checkbox"/> Retail support / Shop assistant |
| <input type="checkbox"/> Administrative support | <input type="checkbox"/> Consumer Representative Program (CRP) |
| <input type="checkbox"/> Spiritual care & support | <input type="checkbox"/> Hospital Elder Life Program (HELP) |
| <input type="checkbox"/> Event assistance | <input type="checkbox"/> Art therapy, wellness and well-being |

Personal Details

Title (please tick box): Mr Mrs Ms Miss Dr Other

First Name: Surname:

Preferred Name: DOB.:

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:

Applicant Signature: Date:

I consent to having my photo taken at any time, to be used by Grampians Health Ballarat for marketing, promotion and reporting purposes. Yes No (Please tick a box)

***Please complete and return to:
Volunteer Services
Grampians Health Ballarat, PO Box 199, Ballarat, 3353
or volunteers@gh.org.au***