

# Volunteer Application / Registration



Name: (Mr/Mrs/Miss/Ms) .....

Address: .....

.....P/code ..... DOB...../...../.....

Phone: (H) ..... (W) ..... (Mob) .....

Emergency contact: .....Relationship ..... Ph .....

Email Address: .....

Gender  Male  Female

Are you Aboriginal or Torres Strait Islander? YES / NO

How did you find out about volunteering with Bendigo Health?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Local paper                          | <input type="checkbox"/> TV advertisement       | <input type="checkbox"/> Friend/relative |
| <input type="checkbox"/> Newspaper                            | <input type="checkbox"/> Bendigo Health website | <input type="checkbox"/> New to area     |
| <input type="checkbox"/> Via own experience with organisation | <input type="checkbox"/> Other                  |  |

Have you applied to be a volunteer with Bendigo Health before? YES / NO.

If YES, please provide details of dates.....  
.....

Have you volunteered with Bendigo Health before? YES / NO. If YES, please provide details of dates and departments .....

What is your reason for wanting to volunteer with Bendigo Health? .....  
.....  
.....

Please list any previous volunteer experience: .....  
.....  
.....

Have you had any significant losses or stresses in the past 12 months (deaths, major surgery for self or family member, major changes)? YES / NO Please expand if necessary

.....  
.....  
.....

Are you currently on any medications, or do you have any medical conditions, which might impact upon your volunteer role?.....  
.....  
.....

Drivers licence: ..... Any restrictions/endorsements?.....

Do you speak or write a second language? (If yes, name them) .....  
.....

Training and/or qualifications:.....  
.....

Interests / hobbies / skills: .....  
.....

Occupations past / present: .....  
.....

<b>Which of the roles below are you most interested in?</b>		
Chatting With Patients	Assisting with Activity Programs	Administration
Showing People Around	Gift Shop	Transport
<b>Which site would you most like to do the above role?</b>		
Bendigo Hospital	Aged Care	Psychiatric Services
Palliative Care	Community	Sub Acute/Rehabilitation

Referees: 1..... ph .....

2..... ph .....

Signature of applicant ..... Date ..... / ..... / .....

Reviewed by volunteer co-ordinator ..... Date ..... / ..... / .....

**How to submit your application?**

You can simply submit your application via email [volunteers@bendigohealth.org.au](mailto:volunteers@bendigohealth.org.au) or mail to:

Volunteer Services  
PO BOX 126  
Bendigo VIC 3550.

For more information please contact Volunteer Services on 03 5454 7690.