|  |  |
| --- | --- |
| Full name:  Preferred first name: |  |
| Date of Birth: |  |
| Home Address:  Postal address: (if different from Home Address) |  |
| Mobile number:  Landline Number: |  |
| Emergency contact name and phone number |  |
| Email address: | |
| Do you hold a current:   * National Police Certificate? * Working with Children Check? * Aged Care Sector Check? * Working with Vulnerable People Check?   NOTE: IHHCare will apply for DHS screening checks on your behalf, when needed. | EXPIRY DATE  q Yes q No Required  q Yes q No Required  q Yes q No Required  q Yes q No Required |
| Do you have Comprehensive Car Insurance? | q Yes q No |
| Are you happy for your contact details (mobile phone/email) to be shared with other volunteers? | q Yes q No |
| Are you prepared to abide by the policies and procedures of IHHCare? | q Yes q No |
| Please provide the names and contact details of two referees.  Referee 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Referee 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Areas of interest for volunteering. *(Please tick from selection)*  **Pallative Care Volunteer**   * ‘In the Home’ support * At Aged Care facilities * At Public Hospitals * For transport only   **PetCare**   * Dog Walking * Feeding   **Administrative**   * General office support * Handyman * Board member   **Fundraising**   * Committee member * Raffle ticket selling * Marketing (flyer distribution/manning stalls) * Events (planning/setting up and dismantling) | |
| What are your interests and hobbies? (This can help in our matching with clients) | |

Signed by Applicant……………………………………………………………Date …………………………………………….

**RETURN FORM TO: volunteer@ihhcare.org.au.**

**Enquiries: 0431 262 705 OR 0437 246 484**