|  |  |
| --- | --- |
| 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 Requiredq Yes q No Requiredq Yes q No Requiredq 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**