Mount Gambier In Home Hospice Care (IHHCare)

Volunteer Application Form

Full name and preferred name:	
Date of Birth	
Address	
Mobile number	
Home phone number	
Emergency contact name and phone number	
Email address:	

Do you hold a current:	EXPIRY DATE	
• National Police Certificate?	❑ Yes ❑ No	Not required
• Working with Children Check?	❑ Yes ❑ No	Required
• Aged Care Sector Check?	❑ Yes ❑ No	Required
• Working with Vulnerable People Check? NOTE: IHHCare will apply for DHS screening checks on your behalf, when needed.	❑ Yes ❑ No	Required
Do you have Comprehensive Car Insurance?	❑ Yes ❑ No	
Do you have internet access?	❑ Yes ❑ No	
Are you happy for your contact details (mobile phone/email) to be shared with other volunteers?	❑ Yes ❑ No	
Are you prepared to abide by the policies and procedures of IHHCare?	❑ Yes ❑ No	

Please provide the names and contact details of two referees.

Referee 1 _____ Contact details:_____

Referee 2_____ Contact details: _____

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What are your **reasons** for offering to be a volunteer for IHHC?

Administrative support   OR   Patient Care Support   (please circle)

What are your **skills and experience** that would help you to work as a Hospice Volunteer?

What are your interests and hobbies? (This can help in our matching with patients)

How many **hours per week** did you wish to volunteer?

What **days per week** did you wish to volunteer your time?

Monday/Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday

(Please circle your preference/s)

What **time of day** best suits you to volunteer?   Morning/Afternoon/Evening

(Please circle your preference/s)

Signed Volunteer……………………………………………………Date ……………………………………..

RETURN FORM TO: volunteer@ihhcare.org.au or deliver to 1 James Street, Mount Gambier.

Enquiries: 08 8725 7448