



# Volunteer Application Form

Please complete this form and email to [CHCA-Volunteers@calvarycare.org.au](mailto:CHCA-Volunteers@calvarycare.org.au)

## Personal Details

Title		Surname	
Given Name		Preferred Name	
Birth Date		Gender	
Address			
Suburb		Postcode	
Email Address			
Phone		Mobile	

## Emergency Contact Details

Surname		Given Name	
Relationship to you		Phone	
Email			

## Your interest and experience

Why are you interested in volunteering at Calvary Hospitals or the Mary Potter Hospice?

--

Do you have any experience in a health, hospital or administration focussed environment?

--

## Background

Current/previous occupation			
Are you currently:	<input type="checkbox"/> Employed Full Time	<input type="checkbox"/> Employed Part Time / Casual	<input type="checkbox"/> Unemployed
	<input type="checkbox"/> Studying	<input type="checkbox"/> Retired	<input type="checkbox"/> Other (please state)

Is there anything we need to know that may limit your involvement as a volunteer?

Yes  No

If yes, please give relevant details:

--

Do you speak any other languages than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:
Please select the volunteer roles you are interested in:	<input type="checkbox"/> Administration <input type="checkbox"/> Mary Potter Hospice (North Adelaide) <input type="checkbox"/> Patient Support <input type="checkbox"/> Life Stories Program
Sites available to volunteer at:	Please select the site you would like to volunteer: <input type="checkbox"/> Calvary Adelaide Hospital (City) <input type="checkbox"/> Calvary North Adelaide Hospital (North Adelaide) <input type="checkbox"/> Calvary Central Districts Hospital (Elizabeth Vale)
Availability to volunteer:	<i>We aim to match your availability with vacant roles, however your preferred time may not always be available. To ensure the best chance of finding a match, please circle the times that best work for you:</i>  <b>Days:</b> Mon / Tues / Wed / Thurs / Fri / Sat / Sun / Any day <b>Hospital Times:</b> 9am – 1pm / 4 – 8pm / Anytime <b>Mary Potter Hospice Times:</b> 7.30-11.15am /11am–2.45pm /2.30-6pm /Anytime

**Declaration**

I understand that there is no intention to form an employment relationship and contract between Calvary Health Care Adelaide and myself. Further that by volunteering at Calvary I am agreeing to undertake unpaid volunteer work where my time is willingly given without financial gain.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I authorise Calvary Health Care Adelaide to obtain a Police Check including a Working with Children Check where required as part of the registration process. Calvary Health Care Adelaide will cover this cost.**

**Referees**

**Please provide details of two professional referees we can contact in support of your application.** These referees should be people that have known (preferable supervised) you in a volunteering, employment or study environment. If your referee is not in Australia, please ensure an email address is supplied.

Referee 1			
Name		How do you know this person?	
Phone		Email	
Referee 2			
Name		How do you know this person?	
Phone		Email	