

Western District Health Service

VOLUNTEER APPLICATION FORM

Mr/ Mrs/ Miss/ Ms:

Address:

Date of Birth:

Phone no: Mobile Phone no:

Email address:

Do you have a current drivers license? Yes/No

Licence no.....

Expiry date

Do you suffer from any mental or physical condition that would stop you from carrying out particular duties as a volunteer? Yes/No

If you answered yes, please give details and current medication:

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.....

Previous voluntary experience and length of service:

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.....

Please specify any other activities that you may be interested in or possess skills in.

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.....

Please list any interesting work history, hobbies, skill and other interests:

.....
.....

Please indicate which times and days you may be available.

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|----|--------|---------|-----------|----------|--------|----------|--------|
| AM | | | | | | | |
| PM | | | | | | | |

Please indicate which activity/activities you would like to be involved with. Tick any which may interest you or you feel you have skills to offer.

- Community Transport program, driving short or long distances, / accompanying clients to appointments
- Visiting residents at the Grange Hostel
- Visiting residents at the Birches Extended Care Facility
- Letter writing, reading, playing card or board games
- Taking residents for a walk or accompanying them on organized outings
- Craft skills – sewing, knitting, crochet , needlework, etc
- Cooking / baking group, BBQ cooking / preparation / assistance
- Music skills – singing, playing an instrument
- Cutting, setting hair, manicuring nails
- Hand / foot massage
- Shopping for residents
- Gardening, flower arranging, wood working
- Comforts Trolley assistant
- Palliative Care service volunteer
- Adult Day Activity Support Service (ADASS) or Occupational Therapy volunteer
- Penshurst & District Health Service
- Coleraine & District Health Service
- Opportunity Shop assistant
- Library Helper
- Medical and Surgical Ward volunteer
- Youth work (YouthBiz)
- Medical/Surgical Ward Volunteer
- Fundraising

Would you prefer to work with; Women Men Either

| Referee 1: | | Referee 2: | |
|------------|--|------------|--|
| Name: | | Name: | |
| Address: | | Address: | |
| Phone no: | | Phone no: | |

| Emergency Contact: | | Next of Kin: | |
|--------------------|--|--------------|--|
| Name: | | Name: | |
| Address: | | Address: | |
| Phone no: | | Phone no: | |

Signed:

Date:

Please note – ALL volunteers are required to undertake an interview, police check, complete compulsory orientation training and sign confidentiality/privacy clause and volunteer agreement statement before commencing as a volunteer at the Western District Health Service.