

**VOLUNTEER APPLICATION FORM**

Volunteer No: \_\_\_\_\_ (Office Use)

Family Name: _____	
Given Names: _____	
Other Family Name if relevant: _____	
Title: Mr/Mrs/Ms/Miss	Male/Female
Date of Birth: _____	Country of Birth: _____
Home Address: _____	
Suburb: _____	Postcode: _____
Postal Address (if different to home address): _____	
Suburb: _____	Postcode: _____
Phone: (H) _____	(W) _____
Mobile Phone: _____	
Personal e-mail address: _____	

Please outline briefly your qualifications and experience and other relevant skills:

---

---

---

---

Languages spoken other than English:

---

Please list any previous volunteer experience:

---

---

---

Please list the type of volunteer work you are looking for:

---

---

List the program or service that you wish to volunteer for:

---

Please indicate the times that you would be available to work and the maximum number of hours per week.

	Monday	Tuesday	Wednesday	Thursday	Friday	Week Total
<b>Start</b>						
<b>Finish</b>						
<b>Total Hrs</b>						
<b>Maximum Total Hours per Week</b> _____						

Please indicate how long you would like do volunteer work:

3-6 months \_\_\_\_\_ one year \_\_\_\_\_ until project is completed \_\_\_\_\_ Until I get a job \_\_\_\_\_ Ongoing \_\_\_\_\_

Other \_\_\_\_\_

Are there any other issues which are relevant to your work as a volunteer? (eg. medical conditions which might make certain work unsuitable):

\_\_\_\_\_  
 \_\_\_\_\_

Any other comments: \_\_\_\_\_

**Please list 2 referees personal or professional**

1. Name: \_\_\_\_\_ Organisation: \_\_\_\_\_

Relationship to you \_\_\_\_\_ Contact tel no: \_\_\_\_\_

2. Name: \_\_\_\_\_ Organisation: \_\_\_\_\_

Relationship to you \_\_\_\_\_ Contact tel no: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_

Work \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Volunteering with Merri Community Health Services**

**Police Check**

All Volunteers who work with Merri Community Health Services are required to undergo a formal Police Check. This cost will be paid for by Merri Community Health Services.

**Proof of Identity** To complete a police check you will need to supply a minimum of two (2) types of acceptable identification with a minimum total of 100 points.

**Identification must include at least one type of photo ID plus identification that contains your current residential address, signature and date of birth.** A minimum of one photo identification is required. Please bring your documents to your interview. Photocopies will be made for MCHS records. The police check will be completed online at the Brunswick Office.

**Working with Children (if applicable):** Volunteers who participate in programs or services which involve working with children are also required to undergo a "Working With Children" screening. This cost will be paid for by Merri Community Health Services.

Volunteer Signature \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please return the completed form to:**

**Volunteer Coordinator  
Merri Community Health Services  
Level 1, Suite 3  
368 Sydney Road, Coburg Vic 3058**

Once the application has been processed you will be contacted for an interview.

For any enquiries please ring (03) 8319 7437 or email [volunteer@mchs.org.au](mailto:volunteer@mchs.org.au)