

# VOLUNTEER APPLICATION FORM



**DATE** (of application) .....

**NAME:** .....  
(Title, First, Initial, Second)

**ADDRESS:** .....  
.....

**MAILING ADDRESS:** .....  
(If different from above) .....

**TELEPHONE:** ..... **BEST TIME TO CALL:** .....

**WORK:** ..... **E-MAIL:** .....

**MOBILE:** ..... **OTHER:** .....

**CIRCLE GENDER:**      Male      Female      **DATE OF BIRTH:** .....

**How did you hear about volunteer work with the Leukaemia Foundation?**  
.....

**Previous / current voluntary work:** .....  
.....

**Current /previous employment experience:** .....  
.....

**Qualifications/skills:** .....  
.....

**Interests and hobbies:** .....

**Languages spoken:** .....

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**AVAILABILITIES:** - Please to tick to indicate your preference.

Monday  Tuesday  Wednesday  Thursday  Friday

Weekly  Fortnight  Monthly  W'Ends  Events/Corp

**TIMES:**    AM                     PM

**Total time per week I am able to assist is:** \_\_\_\_\_ **hours /** \_\_\_\_\_ **days**

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Have you any disabilities that may affect the work you do as a volunteer? YES/NO

If so, please list: \_\_\_\_\_

Are you on any kind of compensation or sick leave? ..... YES/NO

If yes, please state the details: .. .. .

Have you ever been convicted of any offence: ..... YES/NO

If yes, please state the details: .. .. .

**AREAS OF WORK:**

Please tick the boxes below to indicate the areas of work you may be interested in helping with:

- |   |   |
|---|---|
| <input type="checkbox"/> Patient transportation           | <input type="checkbox"/> Patient assistance |
| <input type="checkbox"/> Office based administration work | <input type="checkbox"/> Fundraising        |
| <input type="checkbox"/> Publicity / promotions           | <input type="checkbox"/> Speakers Network   |

<b>Do you hold a current Australian drivers licence?</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>Do you have your own transport?</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

<b>REFERENCE 1:</b> .....	<b>REFERENCE 2:</b> .....
<b>Professional</b>	<b>Professional</b>
Name: .....	.....
Title/Position: .....	.....
Address: .....	.....
Telephone: .....	Telephone:.....

**NEXT OF KIN/PERSON TO NOTIFY IN THE EVENT OF AN ACCIDENT:**

Name: .....

Daytime/Evening Contact No: ..... Other.....

Mobile: ..... Other.....

**Any special requirements/comments:** .....

**I agree to comply with the policies of Leukaemia Foundation.**

**I agree that both during and after my volunteer work with the Leukaemia Foundation I will hold and keep confidential all information that comes into my knowledge or possession regarding all activities of the Foundation. I agree to protect the privacy of those to whom the information relates, and will not discuss or divulge personal information at any time or to any person, unless as a necessary part of my work with the Leukaemia Foundation. I give an undertaking that I will observe this confidentiality at all times.**

**Signature:** ..... **Date:** .....

**Please complete and return to:**

Leukaemia Foundation  
Administration Department  
PO Box 9954 In Your Capital City

**Freecall 1800 620 420**