



# VOLUNTEERING APPLICATION

## Personal details

Surname: ..... First name: .....

Address (street): .....

Suburb: ..... Postcode: ..... DOB: .....

Home phone: ..... Mobile phone: .....

Email: .....

Have you worked/volunteered for Amaroo previously?  Yes  No

If yes, position held and location: .....

## Emergency contact

Name: ..... Relationship: .....

Contact number: .....

## Reference (Cannot be the same as your emergency contact)

Name: ..... Relationship: .....

Contact number: .....

## Where would you like to volunteer? (Please tick all that apply)

Please note that Amaroo Care Services Inc. does not offer work experience or volunteering placements involving nursing practices.

- |                                  |  |  |  |
|----------------------------------|--|--|--|
| <input type="checkbox"/> Cafe    | <input type="checkbox"/> Social visits | <input type="checkbox"/> Gardening           | <input type="checkbox"/> Arts & crafts |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Bus driving   | <input type="checkbox"/> Appointment driving | <input type="checkbox"/> Activities    |
| <input type="checkbox"/> Music   | <input type="checkbox"/> Office/admin  | <input type="checkbox"/> Other: .....        |  |

**Availability (Please select all that apply)**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**What skills or experience do you bring as a volunteer? (e.g., art skills, trade experience, multilingual etc.)**

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**Is there any other information you would like to provide?**

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**Pre-volunteering health questionnaire**

	<b>Do you have or have you had any of the following conditions? If yes, please provide further details below.</b>	<b>Answer</b>
<b>1</b>	Heart disease, heart attack, angina or high blood pressure	
<b>2</b>	Asthma, wheeze or lung disease	
<b>3</b>	Abdominal ulcers or hernia	
<b>4</b>	Frequent or regular migraine/headaches	
<b>5</b>	Allergies or sinusitis	
<b>6</b>	Eczema, dermatitis or other skin complaints	
<b>7</b>	Anxiety, panic attacks or psychiatric illness including depression	
<b>8</b>	Visual problems that cannot be corrected by prescription glasses	
<b>9</b>	Ear conditions such as deafness or tinnitus	

<b>10</b>	Blood borne viruses including Hep C or HIV	
<b>11</b>	Immunosuppressed incl. receiving chemotherapy or long-term steroid use	
<b>12</b>	Have you ever been treated for drug or alcohol addiction?	
<b>13</b>	Diabetes	
<b>14</b>	Previous back, neck or spinal injury including whiplash	
<b>15</b>	Sciatica or disc protrusion	
<b>16</b>	Back pain	
<b>17</b>	Spinal operation	
<b>18</b>	Arthritis/rheumatism	
<b>19</b>	Hip/knee/ankle injury	
<b>20</b>	Shoulder/elbow/wrist injury	
<b>21</b>	Chronic joint injury including stiffness or pain	
<b>22</b>	Shoulder or hip bursitis	
<b>23</b>	RSI/occupational overuse syndrome	
<b>24</b>	Bleeding disorder	
<b>25</b>	Muscle/tendon or ligament problem	
<b>26</b>	Carpel tunnel syndrome	
<b>27</b>	Epilepsy, fainting, fits, blackouts or dizzy spells	
<b>28</b>	Any sporting, vehicle or work-related illness or injury	
<b>29</b>	Have you ever been discharged or resigned from a job for medical reasons?	
<b>30</b>	Have you had an application for superannuation, life insurance or similar rejected on medical grounds?	
<b>31</b>	Are you a smoker? If yes, how many daily? .....	
<b>32</b>	Have you worked in or been a patient in a hospital outside of Western Australia during the past 12 months?	
<b>33</b>	Have you been immunized against Tetanus?	
<b>34</b>	Have you been immunized against Hepatitis B?	

**For any questions above 1 – 34 answered yes, complete the table below. If you require more space than provided here, please continue on an additional sheet.**

No.	Duration and dates of condition	Current status	Additional info

**Do you believe you are fit and physically able to fulfill the role of a volunteer safely?**

Yes  No

**If no, what modifications would be required?**

.....  
 .....

**Declaration**

- I understand that Section 79 of the Workers’ Compensation and Injury Management Act 1981 a dispute resolution body the discretion to refuse to award compensation which would otherwise be payable where it is proved that the volunteer has, at the time of seeking or entering a role in respect of which he/she claims compensation for a disability, willfully and falsely represented him/herself as not having previously suffered from the disability.
- I certify that the information in this application form is to the best of my knowledge and belief, true and accurate in every detail.
- I understand that Amaroo Care Services Inc reserves the right to verify all information on this application and I am fully aware that if I fail to disclose any relevant matter relating to my application and health, which renders me incapable of properly fulfilling the duties of the position, Amaroo may not accept my application and if already volunteering, my role may be summarily terminated.
- Your signature below indicates your written permission for Amaroo Care Services Inc to disclose your application information, if required, to other parties. Please indicate on this application form if you wish to object to this occurring.

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