



# Volunteer Application Form

Have you volunteered with us previously?

Yes

No

Mr/Mrs/Ms/Other First name: ..... Surname: .....

Address: .....

.....

Town: ..... Post Code: .....

Email: .....

Home telephone: ..... Work telephone: .....

Mobile: .....

Date of birth: ..... Place of birth: .....

Emergency contact: ..... Telephone: .....

Do you have any physical conditions that need consideration in your volunteer role? .....

.....

.....

.....

Primary language: ..... Secondary language: .....

Previous volunteer work: .....

.....

.....

.....

What areas of work are you most interested in?

1. ....

2. ....

3. ....

At which health facility would you like to volunteer?

- |   |  |
|---|--|
| <input type="checkbox"/> Your local Community Health Centre | <input type="checkbox"/> Bellinger River District Hospital   |
| <input type="checkbox"/> Coffs Harbour Health Campus        | <input type="checkbox"/> Dorrigo Health Campus               |
| <input type="checkbox"/> Kempsey District Hospital          | <input type="checkbox"/> Macksville District Hospital        |
| <input type="checkbox"/> Port Macquarie Base Hospital       | <input type="checkbox"/> Wauchope District Memorial Hospital |

What sort of commitment would you like to make?

*Please circle which day/s*

M / T / W / T / F

*Please circle availability*

Morning / Afternoon

Referees: Give details of people who may be contacted for character references.

Name: .....

Phone number — Home: ..... Work: .....

Email (if available): .....

Name: .....

Phone number — Home: ..... Work: .....

Email (if available): .....

You will also need:

- A National Criminal Record Check, which we can take of for you.
- Current immunity or vaccination status for Measles, Mumps, Rubella, Varicella (Chickenpox), Pertussis (Whooping Cough), Hepatitis B and COVID-19.

Signature: .....

Date: .....

Thank you for your interest in becoming a volunteer and helping us to care for patients.



Please email your completed form to [sharon.fuller1@health.nsw.gov.au](mailto:sharon.fuller1@health.nsw.gov.au) or post it to Corporate Relations Manager Sharon Fuller, PO Box 126, Port Macquarie, NSW 2444