



Mid North Coast Local Health District

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?

☐

Your local Community Health Centre

☐

Bellinger River District Hospital

☐

Coffs Harbour Health Campus

☐

Dorrigo Health Campus

☐

Kempsey District Hospital

☐

Macksville District Hospital

☐

Port Macquarie Base Hospital

☐

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 care of for you.
- Current immunity or vaccination status for Measles, Mumps, Rubella, Varicella (Chickenpox), Pertussis (Whooping Cough), Hepatitis B and COVID-19, which we can provide free of charge.

Signature:

Date:

Thank You!
😊

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 or post it to Corporate Relations Manager, Sharon Fuller, PO Box 126, Port Macquarie, NSW 2444