

VOLUNTEER APPLICATION

**THIS APPLICATION FOR VOLUNTEER DOES NOT GUARANTEE
THAT YOU WILL OBTAIN AN INTERVIEW**



The information you provide is the first step in our VOLUNTEER process and will enable us to consider you for volunteer work in various areas of the organisation.

Please complete **all** sections of this application in your own handwriting and sign the declaration on the last page. Attach **copies** only of references, resume, current Australian Federal Police Check or other documents you believe are relevant to this application. (Documents attached to this application will not be returned).

We may seek confirmation of details from referees or other sources.
The details provided remain confidential to our organisation or appointed recruitment agency and will not be provided to any other person.

Mark the application "Private & Confidential" and post or deliver to Meercroft Care Inc at the address shown below.

Postal Address:

P O Box 82
DEVONPORT 7310

Delivery Address:

Bluff Road
DEVONPORT 7310

**Enquiries in relation to this
application should be made to:-**

The Nurse Manager
Ph: (03) 6421 0111

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Surname: _____ Given Names: _____

Address: _____

Ph: _____ Mob: _____ Email: _____

D.O.B: ____ / ____ / ____ Country of Birth: _____

Languages Spoken other than English: _____

Next of Kin / Emergency Contact Details:

Name: _____

Address: _____

Ph: _____ Wk: _____ Mob: _____

INFORMATION ABOUT THIS APPLICATION

What type of volunteer work are you seeking with our organisation?

What type of volunteer opportunity are you seeking? (Tick one or more of the following).

Full Time Casual Shift Work More than 20 hrs / week

Part Time Day Work Weekend Work Less than 20 hrs / week

Do you have any qualifications/certificates relevant to the type of volunteer work you are seeking?

Yes No (If Yes, please list below).

Do you have any prior experience relevant to volunteering?

Yes No (If Yes, please list below).

VOLUNTEER APPLICATION

PREVIOUS VOLUNTEER OR WORK EXPERIENCE HISTORY

Name of Most Recent Volunteer Organisation (if applicable): _____

Business Address: _____

Ph: _____ Contact Name: _____

Position Held: _____ Start Date: / / Finish Date: / /

Reason for Leaving: _____

Please provide details of other previous employers:

Employer Name: _____

Business Address: _____

Ph: _____ Contact Name: _____

Position Held: _____ Start Date: / / Finish Date: / /

Reason for Leaving: _____

Employer Name: _____

Business Address: _____

Ph: _____ Contact Name: _____

Position Held: _____ Start Date: / / Finish Date: / /

Reason for Leaving: _____

Please provide details of any previous volunteer experience:

VOLUNTEER APPLICATION

PERSONAL HEALTH INFORMATION

Please indicate 

1. Do you currently or have you ever had or sought medical attention for pain in your back, neck, arms, shoulders, hands, or wrists?

Yes No (If Yes, please list details).

2. Do you currently or have you ever had or sought medical attention for pain in your hips, legs, knees, feet or ankles?

Yes No (If Yes, please list details).

3. Do you currently or have you ever had or sought medical attention for any of the following?

Epilepsy, blackouts, fits	Yes <input type="checkbox"/> No <input type="checkbox"/>	High or low blood pressure	Yes <input type="checkbox"/> No <input type="checkbox"/>
Allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>	Heart complaint	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hearing problems	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hernia, ulcers	Yes <input type="checkbox"/> No <input type="checkbox"/>	Headaches (e.g. migraine)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mental or nervous disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sight disorders, eye problems	Yes <input type="checkbox"/> No <input type="checkbox"/>
Blood disorders	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fractured or broken bones	Yes <input type="checkbox"/> No <input type="checkbox"/>
Respiratory problems (e.g. asthma, emphysema)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Skin problems (e.g. eczema, dermatitis)	Yes <input type="checkbox"/> No <input type="checkbox"/>

4. Are you aware of any reason which may prevent you from performing the following tasks?

Wearing vinyl / rubber gloves	Yes <input type="checkbox"/> No <input type="checkbox"/>	Write reports and documents	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lift heavy objects, make beds	Yes <input type="checkbox"/> No <input type="checkbox"/>	Use computers, telephones	Yes <input type="checkbox"/> No <input type="checkbox"/>
Use vacuum cleaners, mops	Yes <input type="checkbox"/> No <input type="checkbox"/>	Wear workplace approved shoes for long periods of time	Yes <input type="checkbox"/> No <input type="checkbox"/>
Use soaps, detergents, bleaches	Yes <input type="checkbox"/> No <input type="checkbox"/>		

VOLUNTEER APPLICATION

GENERAL INFORMATION

1. Why are you applying for volunteer work ? _____

2. Have you ever made a claim for Worker's or M.A.I.B. compensation? Yes No

If Yes:-

Date of Claim: / / Employer Name: _____

Name of Insurance Company: _____

Reason for claim: _____

3 Please list any personal qualities you have which you believe may assist your application.

4 Please provide details of two people we may contact as referees if you have not stated them on your resume. They are **NOT** to be family members and where possible, one to be from your last place of employment.

Employment Referee:

Name: _____ Occupation: _____

Address: _____

Ph: _____ Wk: _____ Mob: _____

Employment Referee:

Name: _____ Occupation: _____

Address: _____

Ph: _____ Wk: _____ Mob: _____

VOLUNTEER APPLICATION

DECLARATION OF APPLICANT

I hereby authorise Meercroft Care Inc to obtain references and speak to referees to verify any information relevant to this application.

I certify that the information given in this application is true and complete and I am aware that any inaccurate statements made herein or information deliberately withheld may later jeopardise my employment and / or some entitlements claimed by me under worker's or other forms of compensation.

I acknowledge that this application does not constitute an offer of employment and that any offer subsequent to this application will be subject to satisfactory completion of a pre-employment medical examination and satisfactory completion of a probationary period.

Should this application be successful, I agree to abide by all rules, policies and procedures of Meercroft Care Inc.

Applicant Name: _____

Signature of Applicant: _____

Witness Name: _____

Signature of Witness: _____

Date: ____ / ____ / ____