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| **Thank you for your interest in volunteering at Grampians Community Health - on receipt of your application the Volunteer Coordinator will contact you to discuss your application** |
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| **Volunteer details** |
| **Full name** |  | **Gender** |  |
| **Mailing address** |  |
| **Email address** |  |
| **Contact phone number** | **Home** |  | **Mobile** |  |
| **Preferred contact time of day** |  |
| **Current occupation** |  |
| **Current driver licence number** |  | **Expiry date** |  |
| **Current police check?** | [ ]  YES [ ]  NO | **Date police check obtained** |  |
| **Availability (hours/days weekly)** |  |
| **When is the best time of day to contact you?** |  |
| **Areas of interest to volunteer in or with** | [ ]  Active for Life[ ]  Admin Assist[ ]  Community Car[ ]  Do Care[ ]  FreeZa Youth Program[ ]  Older Australian Initiative[ ]  Social Support and Recovery[ ]  Unsure/other |
|  |
| **Referee details** |
| **Referee 1 name** |  | **Contact phone number** |  |
| **Referee 2 name** |  | **Contact phone number** |  |
| **Referee 3 name** |  | **Contact phone number** |  |