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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** | | | | | | | | | |
|  | | | | | | | | | |
| **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** | |  | | |