

Your details:

Date: _____

Name: _____

Address: _____

Suburb: _____ Postcode: _____

Telephone: _____

Email: _____

Date of birth: _____ Country of birth: _____

Medical Information:

cohealth has a duty of care to protect your health and/or safety while you are a volunteer. Your answers to the following questions will help meet our mutual needs (Please comment on the impact of the following on work to be performed by you):

Do you have an existing medical disability/condition/Injury? *Please provide details.*

Do you take any medication that may affect your work? *Please provide details*

Emergency contact person:

Name: _____ Relationship: _____

Address: _____

Suburb: _____ Postcode: _____

Telephone: _____

Your availability:

How many hours per week are you available for volunteer work? _____

(tick availability)

morning

afternoon

evening

Monday

--	--	--

Tuesday

--	--	--

Wednesday

--	--	--

Thursday

--	--	--

Friday

--	--	--

Are you available occasionally on a weekend to help at festivals etc?

Yes No **(please circle)**

Are you currently (please circle one or more):

Student Retired Employed Job Seeker Other:

Which site(s) can you work from? (please circle one or more)

Kensington	North Melbourne	Moonee Ponds	Niddrie
Braybrook	Collingwood	Fitzroy	West Footscray
Essendon	Deer Park	Carlton	Ascot Vale
Flemington	Hoppers Crossing	Laverton	Melton
Strathmore	Sunbury	Sunshine	St Albans
			Werribee

Your skills & experience:

Have you worked as a volunteer before? (circle)

Yes

No

If so, please provide the name of the organisation(s) and type of voluntary work done

Provide details of any training/education/qualifications you have

Do you have a current full and unrestricted Victorian Drivers' Licence?

Yes

No

(please circle)

List any languages other than English which you speak:

Your interests:

What are your hobbies/personal interests? (sporting, cultural, craft etc)

What volunteering opportunities are you interested in?

How did you find out about volunteering at cohealth & why have you chosen to volunteer with cohealth?

Referees:

Name:

Organisation:

Telephone:

Relationship:

Name:

Organisation:

Telephone:

Relationship:

Declaration

1. I am applying for volunteer work with cohealth.
2. I agree to uphold and work within the values of cohealth whilst carrying out my volunteer duties and when representing cohealth.
3. I agree to maintain the highest standards of confidentiality and work within the privacy legislation and cohealth confidentiality and privacy policy with respect to any information obtained during the course of my volunteer work.
4. I have read and understood the cohealth Code of Conduct.
5. I declare that the information contained in this application is true and correct.
6. I understand that I will be required to participate in an interview and selection process, undertake a reference and National Police Check.
7. I understand that I will be required to undertake induction and/or service/program training prior to my commencement.

Signature:

Date:

What's next?

- If you are applying for a specific position your details will be forwarded to the relevant staff member and they will contact you for an interview if you meet the position requirements. This should occur within 2 weeks of your application being made.
- If this is a general expression of interest your details will be added to our volunteer database and you will be contacted when a suitable vacancy arises.

Thank you for your interest in volunteering with cohealth. If you have any further queries, or if your details change, please contact HR on 9680 1122 or via email: hr@cohealth.org.au

Please return this form via email to volunteers@cohealth.org.au