



VOLUNTEER APPLICATION

PERSONAL DETAILS

Surname:	
Given Names:	
Address:	
Town:	
Phone (Home):	Phone (Business):
Date of Birth:	Age:
Nationality:	Language Spoken:
Emergency Contact:	
Present Health:	
Interests/ Skills/ Hobbies:	

REFEREES

1 ST Referee	2 ND Referee
Name:	Name:
Address:	Address:
Phone:	Phone:

Have you been convicted of a criminal offence in the past 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any objections to UMHCS carrying out a police check on the information you have provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drivers Licence Number:	Expiry Date:	
What type of volunteer work would you prefer?		
Signature:	Date:	
Interview comments:		
Approved By:		
Designation:		
Date:		

This margin is for binding only. Please do not write in here.

VOLUNTEER APPLICATION



CONSENT FORM FOR VOLUNTEERS UNDER 18 YEARS OF AGE

CHILDS DETAILS

Surname:	
Given Names:	
Address:	
Town:	
Post Code	Phone (Home):
Date of Birth:	Age:
Emergency Contact:	
Is your child currently taking any medication?	

I _____ (Parent/ Guardian) agree to my child _____ (child's name) working as a volunteer with Upper Murray Health & Community Services.

I understand she/he will be working at _____ (workplace)

On:

Day	Date	Time (from)	Time (to)

Volunteer work will only be carried out during out of school hours.

Parent/ Guardian Signature: _____

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CONSENT FORM FOR VOLUNTEERS UNDER 18 YEARS OF AGE



VOLUNTEER CONFIDENTIALITY AGREEMENT

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- While you are a volunteer of the Upper Murray Health & Community Services, Multi Purpose Service you will be privilege to information that must be kept confidential.
- All details relating to clients and their families are to remain confidential. The names and personal details of the client are not to be discussed outside of the work environment or with personnel who are not connected with the care of the client.
- It is your responsibility to maintain the confidentiality of clients and Upper Murray Health & Community Service business at all times. Failure to do so constitutes a breach of this agreement.

I _____ have read the above statement and understand that all information relevant to clients, staff and Upper Murray Health & Community Services business must be kept confidential.

Signature of volunteer:
Witness to signature:
Date:

VOLUNTEER CONFIDENTIALITY AGREEMENT