



Tanunda Lutheran Home Inc.

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Ref. No. VOL-FORM-F1
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 Dept: Volunteering

VOLUNTEER EXPRESSION OF INTEREST

Mr Mrs Ms Miss Gender: Male Female
 Given Name/s: _____ Surname: _____
 Preferred Name: _____ Date of Birth: _____
 Private Address: _____ Town: _____ P/Code: _____
 Postal Address: _____ Town: _____ P/Code: _____
 Home Phone: _____ Mobile: _____
 Work Phone: _____ Email: _____

How did you learn about Tanunda Lutheran Home Volunteering?

Local newspaper Community program
 Tanunda Lutheran Home website Volunteering Barossa & Light
 Word of mouth Other: _____

What are your reasons for seeking volunteer employment?

To help others within the community To be involved in the community
 To meet people Gain work experience
 Develop or practice new skills Interest in aged care
 Personal development Other: _____

Do you have any formal qualifications or skills? Yes No

If 'yes' please specify (i.e. Marketing, Finance, Education, Gardening, Music)

a. _____ b. _____
 c. _____ d. _____

When are you available to volunteer?

	Mon	Tues	Wed	Thurs	Frid	Sat	Sun
Morning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency:	<input type="checkbox"/> weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> monthly <input type="checkbox"/> one-off <input type="checkbox"/> Other: _____						

What volunteering roles would you be interested in?

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Art & Craft | <input type="checkbox"/> Assisting Podiatrist | <input type="checkbox"/> Assisting Hairdresser | <input type="checkbox"/> Visitation |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Ladies Auxiliary | <input type="checkbox"/> Library | <input type="checkbox"/> Floristry |
| <input type="checkbox"/> Medical Escort | <input type="checkbox"/> Administration | <input type="checkbox"/> Café Service | <input type="checkbox"/> General Activities |
| <input type="checkbox"/> Assisting in
Worship Services | <input type="checkbox"/> Lifestyle/Activity
Program | | |
| <input type="checkbox"/> Other: _____ | | | |

Can you speak or write in another language? If so please specify

a. _____ b. _____

Is there any other information that would assist us in appropriately supporting you in a volunteering role?

Referees: (someone you have known longer than two years and not a family member)

Referee 1 Name: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Relationship: _____

Best time to contact: Morning Afternoon Evening

Referee 2 Name: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Relationship: _____

Best time to contact: Morning Afternoon Evening

Consents:

- | | | |
|--|------------------------------|-----------------------------|
| I give permission for a referee check to be completed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I am willing to apply for a National Police Certificate or provide my certificate for sighting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I am willing to undertake relevant training if necessary to carry out my volunteer role | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I am willing to receive volunteering communication from Tanunda Lutheran Home Inc | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I _____ **declare that the information given in this application is true and correct.**

Signature: _____ **Date:** _____

All volunteer information and documentation may be stored electronically or in hardcopy by Tanunda Lutheran Home Inc and will be accessed by Authorised Tanunda Lutheran Home staff. Your information is confidential and will not be disclosed to any unauthorised individuals.