



# Tanunda Lutheran Home Inc.

27 Bridge Street Tanunda SA 5352  
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Version:2

## 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<br>Worship Services | <input type="checkbox"/> Lifestyle/Activity<br>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.