

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 hear about volunteering at Lutheran Homes Barossa?

<input type="checkbox"/> Local newspaper	<input type="checkbox"/> Community program
<input type="checkbox"/> Tanunda Lutheran Home website	<input type="checkbox"/> Volunteering Barossa & Light
<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Other: _____

What are your reasons for seeking volunteer employment at Lutheran Homes Barossa?

<input type="checkbox"/> To help others within the community	<input type="checkbox"/> To be involved in the community
<input type="checkbox"/> To meet people	<input type="checkbox"/> Gain work experience
<input type="checkbox"/> Develop new skills	<input type="checkbox"/> Interest in aged care
<input type="checkbox"/> Personal development	<input type="checkbox"/> 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 Barossa Club	<input type="checkbox"/> Assisting Hairdresser	<input type="checkbox"/> Visitation
<input type="checkbox"/> Gardening	<input type="checkbox"/> Transport	<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. _____
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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:	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening



Lutheran Homes Barossa

Enriching Your Life

Referee 2 Name: _____			
Home Phone: _____	Work Phone: _____	Mobile: _____	
Relationship: _____			
Best time to contact:	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> 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 any clearances that are deemed necessary	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am willing to have a current immunization against influenza	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am willing to undertake relevant training needed to carry out my volunteer role	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am willing to receive volunteering communication from Lutheran Homes Barossa	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am willing to have my photo used from Lutheran Homes Barossa	<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 Lutheran Homes Barossa and will be accessed by Authorised Lutheran Homes Barossa staff. Your information is confidential and will not be disclosed to any unauthorised individuals.