



Business Support Services- Volunteer Services

Building 5, Level 1, Canberra Hospital, Yamba Drive, Garran ACT 2605

PO Box 11 Woden ACT 2606

Phone: (02) 6174 5272

Website: www.health.act.gov.au

ABN: 82 049 056 234

Volunteer Application Form

(Mr/Mrs/Ms) Surname: _____

Given Names: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone (home): _____ (work): _____

(mobile): _____

Email: _____

Are you over 18? YES NO

Emergency Contact/s: _____

Relationship: _____ Telephone number: _____

Do you speak a language other than English? _____

Why do you want to volunteer with ACT Health? _____

Which volunteer role/s you are interested in: _____

Availability: Please place a tick in the boxes

	Mon	Tue	Wed	Thu	Fri	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"/>

How did you find out about Volunteering at ACT Health?

Newspaper Internet Word of mouth Volunteering ACT

Other (please state) _____

CONFIDENTIAL

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CSSE-VS-F-001	2	April 2017	April 2018	Business Support Services

Volunteers

Work and Volunteering History

Have you worked as a volunteer before? YES NO

If yes, please provide details _____

Please list any skills/experience you have that may be relevant to volunteering with ACT Health.

References – Please provide the details for two responsible persons (not related) who can provide either a work or personal/character reference.

Name	Telephone	Relationship to applicant	Years Known

Do you agree to ACT Health conducting a police check? YES NO

Do you suffer from any medical condition (injury, allergy, disorder, illness) that may hinder your ability to perform volunteer duties? If yes please give details: YES NO

I have checked that all the questions have been answered in full and when signing this application I understand that all answers are true and correct. I am aware that an AFP Police Check is required for all volunteers and I have included my signed AFP Check including photographic identification.

Commencement as an ACT Health Volunteer is subject to written approval following successful completion of an interview, reference check/s, Police Check and Working with Vulnerable People Check as required.

ACT Health Volunteer Service endeavours to place successful volunteers into their desired role, however due to the popularity of some roles this may not always occur. In this case you will be placed on a waiting list and contacted once positions become available.

Signature of applicant: _____ Date: _____

Please return this form to:

Volunteer Services
 ACT Government – Health Directorate
 Building 5, Level 1, Canberra Hospital
 PO Box 11 WODEN ACT 2606

OR Email to: acthealthvolunteers@act.gov.au

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