



Community Home Care Volunteer Expression of Interest Form

| | | | |
|---|--|----------------|--------------------------|
| Name: | | | |
| Preferred name | | Date of Birth: | |
| Address: | | | |
| Phone No. | | Mobile | |
| Email address: | | | |
| What type of Voluntary Work are you interested in? <input type="checkbox"/> Driving <input type="checkbox"/> Meals on Wheels Driver <input type="checkbox"/> Social Support <input type="checkbox"/> Weekend Excursions | | | |
| What class of driver's license do you hold? | | | |
| What is your driver's licence number? | | | |
| What is the expiry date? | | | |
| Please tell us about any experience you may have of working with frail aged and/or people with a disability. If you have no previous experience, please tell us why you would like to work with this particular client group. | | | |
| Please tell us briefly about your recent work experience both paid and voluntary. | | | |
| What are your interests, skills and hobbies, (please include any languages other than English which you speak) | | | |
| What days and times are you definitely not available? _____ | | | |
| Which days and times would you prefer to volunteer? _____ | | | |
| Do you hold a current First Aid Certificate? (please circle) Do you have any pre-existing medical conditions that may affect your work? If yes, please give details: | | | YES / NO YES / NO |

What motivates you to work as a Volunteer for Community Home Care?

How did you hear about us?

Please provide details of two referees:

| | |
|----------------------|----------------------|
| Name: | Name: |
| Address: | Address: |
| Phone No: | Phone No: |
| Mobile No.: | Mobile No.: |
| Relationship to you: | Relationship to you: |

(Please note that Community Home Care will organise a Police Clearance Certificate on your behalf before you will be able commence volunteering.)

Signed: _____
Date: _____

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|-------------------------------------|
| Office use only |
| Received byDate Received..... |
| Notes..... |
| |
| Referee |
| Comments..... |
| |