



NEERIM DISTRICT HEALTH SERVICE

VOLUNTEER APPLICATION FORM

Surname	CONTACT TELEPHONE		
Given Names	Home	Other	Mobile
Address			
Alternate Contact In Case of Emergency	Home	Other	Mobile

Any health problems we should be aware of in case of emergencies: _____

Any Allergies: _____

Drivers Licence: Yes No Number Or other I.D.

Do you speak any other language? _____

It is important that you enjoy being a volunteer! So that we can co-ordinate your needs and the goals of the organization to ensure quality outcomes for the residents, we would appreciate if you could answer the following questions.

WHAT KIND OF VOLUNTEER WORK ARE YOU MOST INTERESTED IN AT PRESENT?

SKILLS TRAINING INTERESTS AND HOBBIES

AVAILABILITY: PREFERRED DAYS AND HOURS

Please list the day(s) and times that you are available. It is important that when we plan activities for the residents that they are not cancelled, so it is important to not over-commit yourself.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times Available							

Please give possible starting date:...../...../.....

