



15-17 Mason St
Wangaratta Vic 3677
Tel: (03) 5721 7111

RANGEVIEW PRIVATE NURSING HOME VOLUNTEER APPLICATION FORM

Name: _____

Address: _____

Telephone: AH _____ BH _____ Mobile _____

Age Group: 20's 30's 40's 50's 60's 70+ (please circle)

Emergency contacts:

1. _____ Phone _____

2. _____ Phone _____

Have you ever worked as a volunteer? If yes, give details:

Community activities:

Please list interests, hobbies, special training/skills, talents:

Days and times available to act as a volunteer:

Do you have any health conditions that we should be aware of? (Please tick)

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> back injury | <input type="checkbox"/> visual problems | <input type="checkbox"/> angina |
| <input type="checkbox"/> hearing problems | <input type="checkbox"/> psychological disorders | <input type="checkbox"/> epilepsy |
| <input type="checkbox"/> cardiac condition | <input type="checkbox"/> allergies | <input type="checkbox"/> asthma |
| <input type="checkbox"/> psychiatric disorders | <input type="checkbox"/> arthritis | <input type="checkbox"/> other |

Please provide the names and contact numbers of 2 referees who have known you for more than 5 years whom you would be happy for us to contact.

1. _____

2. _____

Acceptance as a volunteer is dependent on a satisfactory police check.

(Please note that the above information is strictly confidential and will be treated as such.)

Signature

Date