



# Volunteer Program REGISTRATION FORM

Date: ..... / ..... / .....

Name: .....

Address: .....

.....

Telephone No: ..... Mobile No: .....

Email address: ..... Date of Birth: .....

Next of Kin Name, Relationship and Contact Number: .....

.....

Previous or present Volunteer roles: .....

.....

Name and contact number of Referee: .....

.....

What area of volunteering are you interested in?

- |                   |                          |                 |                          |
|-------------------|--------------------------|-----------------|--------------------------|
| Concierge         | <input type="checkbox"/> | Car Washing     | <input type="checkbox"/> |
| Transport Driving | <input type="checkbox"/> | Meals on Wheels | <input type="checkbox"/> |
| Visiting          | <input type="checkbox"/> | Gardening       | <input type="checkbox"/> |
| San Remo Op Shop  | <input type="checkbox"/> | Auxiliaries     | <input type="checkbox"/> |

The Accident Compensation Act, 2004 requires you to provide information regarding any injuries or diseases you may have or have had which could be affected by the volunteering position you are registering for. Do you have any physical or psychological problems that may affect your ability to perform the duties required in this volunteer role?

### DEPENDABILITY IS THE FIRST REQUISITE OF GOOD VOLUNTEERING VOLUNTEER'S PLEDGE

1. I WILL NOTIFY the Manager of Volunteers or my Department Supervisor of any necessary absence for duty as far in advance as possible.
2. I WILL MAINTAIN CONFIDENTIALITY at all times by not discussing any cases related to the Health Service with anyone. This includes my family as well as the family of the patient/resident.
3. I will endeavour to attend all training days.

Signed: ..... Date: ..... / ..... / .....