

## Personal Information

Full Name: \_\_\_\_\_  
Surname Given

Address: \_\_\_\_\_  
Street Address Postcode

Home Phone: ( ) \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Phone Relationship

## Volunteer Availability

Frequency       
More than once a week Weekly Fortnightly Monthly Other: Specify

Days Available:         
Mon Tues Wed Thurs Fri Sat Sun

What Volunteer Position are you applying for? \_\_\_\_\_

## General Information

What skills can you bring to the Glenview Team? \_\_\_\_\_

Previous Volunteer/ Work Experience: \_\_\_\_\_

How did you hear about Volunteering at Glenview? \_\_\_\_\_

Are you on a Work Initiative from Centrelink? \_\_\_\_\_

Do you, or have you had any other involvement with Glenview? \_\_\_\_\_

## Health Information

Do you have any health issues that you think we should know about? \_\_\_\_\_

Do you have any health issues that could be aggravated in the course of your volunteering? \_\_\_\_\_

## Referees

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Contact Ph: \_\_\_\_\_ Contact Ph: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Consent

I agree to authorising a police check in accordance with Glenview's policy for all staff, volunteers and students.

Yes No

Signature \_\_\_\_\_