

VOLUNTEER APPLICATION FORM

NAME: Mr / Mrs / Miss / Ms _____

POSTAL ADDRESS: _____

SUBURB: _____ State _____ P/Code _____ Date of Birth: _____

Day Phone: _____ Fax: _____ Mobile: _____

Email: _____

PLACE OF EMPLOYMENT: (if applicable) _____

ADDRESS: _____ Work Phone: _____

Is your driver's license current? YES NO Drivers License Number: _____

Do you have your own transport? YES NO Type of Vehicle: _____

Areas of Interest/Skills: (Please *tick relevant areas* and *circle relevant skills* below)

- Programs (Public information stands, visiting patients, schools, churches, retirement homes, etc)
- Events (Community fundraising events, award nights, fundraising lunches, dinners, drinks, etc)
- Networks (Access to community leaders, business professionals, celebrities, high net wealth, etc)
- Organisation (Committees to support fundraising, education programs, events, investment, etc)
- Administration (Preparing mail outs, packing kits, administration, telephone recruitment, etc)
- Languages (Ability to speak or write another language)
- Goods & Services (Donating or sourcing gifts for fundraising auctions, raffles, events, etc)
- Other: Specialist skills _____

What days and times are you available to volunteer?

Do you have previous volunteer / relevant paid work experience? YES NO

If yes, please give a brief description:

Preferred time for attending volunteer meetings/training opportunities? Morning Afternoon Evening

Have you undertaken any previous Training? YES NO If yes, please give details:



KOLLING FOUNDATION
'Supporting health and medical research at Royal North Shore Hospital'
Level 12, Kolling Building, Royal North Shore Hospital, Reserve Road, St Leonards NSW Australia 2065
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Have you had any experience with patients or medical professionals at North Shore hospitals? YES NO

Do you have any medical condition(s) that may affect your ability to perform certain tasks? YES NO

Have you ever had a Workers Compensation Claim YES NO If yes, please give details:

EMERGENCY CONTACT: _____ **Phone:** _____

Have you ever been convicted of a criminal offence in this or any other country? YES NO

If yes, please give details: _____

Do you give permission to have a Police Check carried out? YES NO

Referees names:

1. _____ Relationship _____ Phone: _____

2. _____ Relationship _____ Phone: _____

Acknowledge and Agreement:

I declare that the details in this application are true and complete. I understand that all the information provided above is confidential and available only to relevant Kolling staff. I understand that all client and staff information and Kolling business is highly private and confidential. In volunteering I undertake that any information learned as a volunteer will not be disclosed in any way to any persons outside Kolling Foundation during my time as a volunteer or any time thereafter. I understand that I am volunteering my services to Kolling and that I will **not** receive any remuneration for those services. I understand that as a Volunteer, I will **not** be covered by Kolling's workers' compensation insurance and that Kolling will **not** provide personal accident insurance for me. I understand that I am covered by Kolling's public liability insurance in respect of *accidental* damage that I may cause to other people or property in the course of providing their services to Kolling as a Volunteer but that I will be **personally** liable for any deliberate or negligent damage caused to any person or property whilst working as a Volunteer of Kolling. I agree that if this registration is approved that I will only conduct work under the guidance and supervision of the Kolling employee responsible for the area of work.

Applicant Name: _____ Signature: _____ Date: _____

Witness: _____ Signature: _____ Date: _____



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