



Trusted in your Community

Community Home Care Volunteer Expression of Interest Form

Name:			
Preferred name		Date of Birth:	
Address:			
Phone No.		Mobile	
Email address:			
What type of Voluntary Work are you interested in? <input type="checkbox"/> Driving <input type="checkbox"/> Meals on Wheels Driver <input type="checkbox"/> Social Support <input type="checkbox"/> Weekend Excursions			
What class of driver's license do you hold?			
What is your driver's licence number?			
What is the expiry date?			
Please tell us about any experience you may have of working with frail aged and/or people with a disability. If you have no previous experience, please tell us why you would like to work with this particular client group.			
Please tell us briefly about your recent work experience both paid and voluntary.			
What are your interests, skills and hobbies, (please include any languages other than English which you speak)			
What days and times are you definitely not available? _____			
Which days and times would you prefer to volunteer? _____			
Do you hold a current First Aid Certificate? (please circle) Do you have any pre-existing medical conditions that may affect your work? If yes, please give details:			YES / NO YES / NO

What motivates you to work as a Volunteer for Community Home Care?

How did you hear about us?

Please provide details of two referees:

Name:	Name:
Address:	Address:
Phone No:	Phone No:
Mobile No.:	Mobile No.:
Relationship to you:	Relationship to you:

(Please note that Community Home Care will organise a Police Clearance Certificate on your behalf before you will be able commence volunteering.)

Signed: _____
Date: _____

Office use only
Received byDate Received.....
Notes.....
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Referee
Comments.....
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