



PRINCE OF WALES
HOSPITAL FOUNDATION

I WANT TO BE A VOLUNTEER

A VOLUNTEER SERVICE FOR THE PRINCE OF WALES HOSPITAL FOUNDATION

VOLUNTEER APPLICATION FORM

Name: _____ Date: _____

Address: _____

_____ Postcode: _____

Phone: (home) _____ (work) _____

(mobile) _____ Email _____

Occupation: (current/previous) _____

Date of Birth: _____

Do you have your drivers license? YES NO

Do you have a car? YES NO

Person to contact in case of an Emergency:

Name: _____ Phone contact: _____

Relationship to you (eg. son, neighbour): _____

Where did you hear about the Foundation? _____

Why do you want to be a volunteer?

Are you currently working? Yes () No ()

If yes, what kind of work?

Have you had experience with other charities? Yes () No ()

If yes, what kind of experience? _____

What activities do you enjoy? _____

What education or training have you completed? _____

Are you currently studying? Yes () No ()

If yes, what? _____

Have you participated in volunteer work before? Yes () No ()

Are you active in any organisations? If so, please list.

When would you be available for volunteer service?

Please provide a brief description of your availability – days, times, hours a week etc, particular events or periods of the year etc.

Also please note if this availability is in person or via email/computer or both.

Any other comments/information:

Please list two personal referees whom we may contact with your permission:

Name:	Name:
Address:	Address:
Relationship:	Relationship:
Phone:	Phone:

Please note that it is compulsory for all volunteers at Prince of Wales Hospital Foundation to have a criminal record check.

Signature_____ Date_____

Thank you for completing this application. By asking you these questions we can begin to work out the best Volunteer position for you.

Please fax pr post this form to the Foundation.

CONTACT DETAILS:

THE PRINCE OF WALES HOSPITAL FOUNDATION
Level 2, High St Entrance, POW Hospital, Randwick NSW 2031
Locked Bag 3, Maroubra, NSW 2035
Ph – 9382 4263
Fax – 9382 4244
Sara.quinn@sesiahs.health.nsw.gov.au