

## VOLUNTEER APPLICATION FORM

Name (Surname): \_\_\_\_\_ Given Name \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: (optional) \_\_\_\_\_ Tel No: \_\_\_\_\_

Language(s) other than English: Read and Write: \_\_\_\_\_

Speak Only: \_\_\_\_\_

Occupation (current or previous): \_\_\_\_\_

Interests, skills, hobbies: \_\_\_\_\_

Have you ever done voluntary work?                      [ ] Yes                      [ ] No

Where? \_\_\_\_\_

What kind of work? \_\_\_\_\_

What type of voluntary work would you like to do? (Please tick the appropriate box)

- Visit frail aged/people with disabilities in their homes or in hospital.
- Provide social support (Accompany the person to recreational social activities, read books, play cards or any other games appropriate for the person, assist with reminiscence work under case manager's professional supervision, help with hand craft activities, listen to music and/or play instruments, etc)
- Help with pet and/or plant care.
- Talk to the person over the phone to reassure them in time of *need*.
- Provide transport to *social related activities*
- Other

How many hours can you give a week? \_\_\_\_\_

Which days? \_\_\_\_\_

What times? \_\_\_\_\_

Do you suffer any health problems or allergies?: \_\_\_\_\_

Do you have a current driving licence?             Yes                             No

Licence No: \_\_\_\_\_ Expiry Date \_\_\_\_\_

Do you have any police convictions recorded against you? If so, give details.

\_\_\_\_\_

How did you come to know about the service? \_\_\_\_\_

\_\_\_\_\_

Do you have any relatives working on this project? If yes, please state.

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

Please give the names and telephone numbers of two persons (non relatives) whom we may contact for references:

1. \_\_\_\_\_ Ph: \_\_\_\_\_

2. \_\_\_\_\_ Ph: \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**THIS SECTION IS TO BE FILLED BY APPLICANT IF SUCCESSFUL**

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Name of Next of Kin: (In Case of Emergency) \_\_\_\_\_

Phone Number of Next of Kin: \_\_\_\_\_

Details for processing of volunteer's reimbursements

Account Name: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Branch Number: (6 Digits) \_\_\_\_\_ Account No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**THIS SECTION IS TO BE FILLED BY SUPERVISOR IF SUCCESSFUL**

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Commencement Date : \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_