



Volunteer Application Form

CONFIDENTIAL

Name: _____
 Address: _____
 City: _____ Postal Code: _____
 Home # _____ Work # _____ Cell # _____
 E-mail: _____

In Case of Emergency Contact:
 Name: _____ Phone: _____
 Relationship: _____

Volunteer Opportunities

Please check all that may be of interest to you.

- Client Support Administrative Support Board of Directors
 Fund Development Fund Raising Events

Work Experience and Education

Have you volunteered in the past/or are you currently volunteering? Yes No

If YES, please elaborate (including organizations, type of positions, and timeframes):

Are you currently employed? Yes No

Please list the name of your Employer and Occupation.

What special skills, training or qualifications do you have that would benefit a volunteer role with North Perth Community Hospice?



Please list any interests/hobbies that you enjoy and would potentially like to share with a client.

Reason for Volunteering

Where did you hear about North Perth Community Hospice?

Why would you like to volunteer for North Perth Community Hospice?

What qualities or personality traits do you have that you feel could help you in a volunteer role at North Perth Community Hospice?

Driving

- Do you have a valid driver’s license? Yes No
- Do you have access to a vehicle? Yes No
- Do you have the minimum required insurance that includes 3rd party liability*? Yes No
- Are you willing to provide transportation to clients as part of your volunteering? Yes No

Availability (Please check all that apply)

	Mon	Tues	Wed	Thurs	Fri	Sat
Morning						
Afternoon						
Evening						

How frequently are you available to volunteer? *Please Circle your answer*

- Less than once a week
- Weekly
- Bi-weekly
- Monthly

