



Helping Hands Mission Inc.

ABN 14 508 858 865

492 Fullarton Road, Airport West, VIC 3042

Phone 03 9374 4236

Email: help@helpinghandsmission.org.au

www.helpinghandsmission.org.au

Office Hours Mon - Fri / 10am - 4pm

Volunteer Application Form

Please complete and return this form to [Gail Collins](mailto:gail@helpinghandsmission.org.au) at gail@helpinghandsmission.org.au

Contact Details

Date:

Name:

Address:

Phone Number: Mobile Number:

Email Address:

Volunteer Applicant Information

I would like to participate as a volunteer:

Weekly Fortnightly Monthly

My preferred volunteering day(s) are:

Monday Tuesday Wednesday
 Thursday Friday Saturday

My preferred times are:

10am - 1pm 1pm - 4pm 10am - 4pm

My preferred volunteer location(s) are:

Keilor East Airport West (Fullarton Rd) Airport West (Knighton Ave)
 Roxburgh Park Bridgewater on Loddon

Medical Condition Disclosure

The health and safety of our volunteers is of the utmost importance. To provide a duty of care to you as a volunteer, we need to understand if you have any pre-existing and/or current medical condition(s), as well as emergency contact information in the case of a medical situation or emergency. It is important to disclose this information to ensure we are covered by the relevant insurance, in the case of a claim.

State any pre-existing and/or current medical conditions in detail:

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Are there any tasks that you are not able to perform due to physical limitations that we need to be aware of that may impact your ability to volunteer in certain roles? (eg. heavy lifting; driving; working outside or similar):

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List any medication(s):

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Is there any other additional information we need to be aware of when reviewing your application?

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If insufficient space to record, please attach a separate sheet to this application with your additional information.

Emergency Contact Information

Emergency Contact #1

Name:

Phone:

Mobile:

Emergency Contact #2

Name:

Phone:

Mobile:

Please Note:

We are committed to protecting the privacy of our volunteer's personal information. Helping Hands Mission Inc. will use your name and address for communication purposes only. Our privacy policy ensures that information about a volunteer is not disclosed to a third party without the written consent of the volunteer. Refreshments (ie. Tea; Coffee; Milk; Sugar and Biscuits) are supplied for volunteers.