

Due for Review: 10/06/2025

Volunteers

Application Form

Prompt Doc No: LWI0000413-v8.0

Please email to stepheng@lyndoch.org.au or send to Stephen Grigson, Volunteers, Lyndoch Living, Hopkins Road, Warrnambool Vic 3280

Name (include a title if preferred)		Date of Birth
Address		
Town		Postcode
Phone	Email	
Emergency Contact Details		
Name		
Relationship to Applicant		
Phone 1	Phone 2	
Skills and Interests		
Please list any skills or qualifications you have		
Describe any interests or hobbies		
Have you had any experience working as a volunteer before	?	
YES NO		
What would you like to gain from volunteering?		
		Application Form continued overleaf

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Approval Date: 10/6/2022

Availability to Volunteer			
Please indicate below when you might be available to volu			
Monday Tuesday Wednesda	ay Thursday Friday Saturday Sunday		
Morning			
Afternoon			
Are you prepared to be called on if needed?	Yes No		
Are you willing to attend education and training days?	Yes No		
Health Information			
	s) that may either prevent you from performing particular types I may be asked to provide information about medication you		
are currently taking.	· 		
Confirming your Suitability			
i i	er Screening Check and proof of Covid/Influenza Vaccination.		
We can assist you in your Screening Check application.	Yes No No		
Please provide the names and contact details of two referees below. For example: previous employers, supervisors of work colleagues, club or community group affiliates.			
Name	Name		
Address	Address		
Phone	Phone		
Email	Email		
Relationship to you	Relationship to you		
Applicant Signature	Date		

Thank you for your application

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