

## VOLUNTEER REGISTRATION FORM

Your personal details are treated in the strictest confidence. The information is securely stored and will not be disclosed to any other party. Your date of birth is important to us for insurance purposes.

### Personal Details:

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

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact Details: (Home Phone): \_\_\_\_\_ (Work Phone): \_\_\_\_\_

(Mobile): \_\_\_\_\_ (Email): \_\_\_\_\_

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

Postcode: \_\_\_\_\_

### General:

How did you hear about the volunteer position with Nexus Primary Health?

\_\_\_\_\_

What experience have you had as a volunteer?

\_\_\_\_\_

\_\_\_\_\_

What are your interests and skills that you could bring to your role as a volunteer?

\_\_\_\_\_

\_\_\_\_\_

What type of volunteer work would you prefer?

\_\_\_\_\_

\_\_\_\_\_

Do you have a current First Aid Certificate?  Yes  No

Do you have a current Victorian Drivers Licence?  Yes  No

(We will require a copy of your Driver's Licence and subsequent renewals for our records)

**Please turn over**

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### Emergency Contact:

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

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (mob) \_\_\_\_\_

### Medical Information:

Do you have a known medical condition (for example, diabetes, asthma, epilepsy, angina etc) or allergies that we should be aware of?  Yes  No

Please provide details and information about any medications required:

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Do you have any pre-existing injuries (e.g. back injury, shoulder injury) that could prevent you from fulfilling the requirements of the volunteer role as outlined in the position description?  Yes  No

Please provide details:

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Please feel free to discuss these or other medical conditions with Human Resources or your Supervisor.

Applicant's signature: \_\_\_\_\_

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

Parent/Guardian's signature (if under 18 years): \_\_\_\_\_

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

### Please forward your completed and signed registration form to:

Human Resources Manager  
Nexus Primary Health  
P.O. Box 84  
Broadford. 3658

Alternatively, in person to one of our sites in Seymour, Broadford, Wallan, Euroa or Kinglake.