Grampians Health Ballarat Volunteers

Volunteer Application Form

Thank you for expressing interest in volunteering with Grampians Health Ballarat.

Which area are you interested in volunteering in?

- ☐ Ballarat Base Hospital (Drummond Street)
- ☐ Residential Aged Care Communities (various facilities)
- ☐ Queen Elizabeth Centre (Ascot Street South)
- ☐ Planned Activity Groups (Day Centre facilities)

Please indicate the type/s of activities you are most interested in:

- ☐ Patient support and companionship
- ☐ Cancer patient transport services
- ☐ Social and activity companionship
- ☐ Administrative support
- ☐ Spiritual care and support
- ☐ Event assistance
- ☐ Hospital wayfinding
- ☐ Cancer patient support and Wellness Centre
- ☐ Retail support/Gift Shop assistant
- ☐ Consumer Representative Program (CRP)
- ☐ Hospital Elder Life Program (HELP)
- ☐ Art therapy, wellness and wellbeing

Personal details:

Title : ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other .....

First name: ..... Last name: .....

Preferred name: ..... Date of birth: .....

Address: ..... City: .....

Postcode: ..... Email address: .....

Home phone: ..... Mobile number: .....

Emergency contact details:

Name: ..... Contact number: .....

Address: .....

Relationship to you (e.g., friend, partner): .....

Experience and qualifications:

Please list any qualifications, work experience and special skills (please attach a brief resume if you have one):

.....

.....

Please list any current or previous volunteer experience:

.....

.....

Why do you wish to become a volunteer at Grampians Health Ballarat?

.....

.....

.....

References:

Please provide contact details of individuals who can speak to your character. Ideally, these should be people who are not close friends or family members—such as colleagues, mentors, supervisors, or community leaders.

1. Name: ..... Contact number: .....

   Email address: .....

   Position/organisation: .....

2. Name: ..... Contact number: .....

   Email address: .....

   Position/organisation: .....

Applicant signature: ..... Date: .....

I consent to having my photo taken at any time to be used by Grampians Health for marketing, promotion and reporting purposes. ☐ Yes ☐ No

Please complete and return application to Volunteer Services:
Grampians Health, PO Box 199, Ballarat VIC 3350
or via volunteers@gh.org.au

OFFICE USE ONLY: Date application received: .....