
DUNBAR HOMES INCORPORATED

Residential Aged Care Services for the Presbyterian Church in South Australia



APPLICATION TO BECOME A VOLUNTEER

Name: _____

Address: _____

Telephone: (H) _____ (M) _____

Date of application: ____/____/____

Do you hold a current National Police Clearance? Yes/No

What are your interests, skills, hobbies and previous experience (paid or unpaid):

Please indicate preferred activities: _____

Previous volunteer experience: _____

Occupations (past and present): _____

Do you possess any educational qualifications which may be useful in your voluntary work?

Where did you hear about Dunbar Homes? _____

Why do you want to volunteer at Dunbar Homes? _____

What do you feel you have to offer? _____

What do you hope to gain? _____

DUNBAR HOMES INCORPORATED

Residential Aged Care Services for the Presbyterian Church in South Australia



Which days/times are you available?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Languages spoken (In addition to English): _____

Transport: Public Private (Comprehensive insurance? Yes/No)

Are you currently: Student Home Duties Employed Retired Other

References: (Give name, address and telephone number of two people who may be contacted in connection with this application:

1. _____

2. _____

DUNBAR HOMES INCORPORATED

Residential Aged Care Services for the Presbyterian Church in South Australia



It is necessary for us to maintain a brief medical history of our volunteers, and it would be appreciated if you would fill in the following questionnaire.

Please be assured that information given will be treated in **strict confidentiality**.

1. Do you suffer (to any degree) from any of the following conditions?
 - Back conditions or spinal injuries
 - Physical limitations due to joint disorders (e.g. arthritis or rheumatism)
 - Diabetes
 - Any significant heart or lung conditions
 - Epilepsy, fainting, spells or periods of unconsciousness
 - Sight, hearing or speech limitations
 - Mental health conditions (e.g. depression, schizophrenia)

If you answered 'Yes' to any of the above, please give details (including medication/treatment):

2. Do you suffer from any other medication condition of which you think we should be aware? Please give details:

3. Are you on compensation? Yes No
Are you on sick leave? Yes No

Details: _____

IMPORTANT: Prior to commencement, you are required to provide Dunbar Homes with a current National Police Clearance and Statutory Declaration. These documents will be assessed to ensure your suitability to work with vulnerable people.

DUNBAR HOMES INCORPORATED

Residential Aged Care Services for the Presbyterian Church in South Australia



STATEMENT OF AGREEMENT

I certify that to the best of my knowledge, the above details are correct and complete. I also understand and agree to abide by the rules and direction of Dunbar Homes' staff and policies.

.

Signature: _____

Volunteer

I hereby give permission for my photographic image to be used by Dunbar Homes in print form, social media or for other marketing purposes (i.e. website etc)

Signature: _____

Volunteer

I understand that Dunbar Homes has surveillance cameras located in and around the Facility.

Signature: _____

Volunteer