



Returned & Services League of Australia (Victorian Branch) Inc.

Home & Hospital Visiting and other Volunteer Programs

Application Form for New Volunteers

Details of Applicant:

PLEASE PRINT

Name: Mr/Mrs/Miss/Ms.....
(Surname)

.....
(Other Names)

Address:

Telephone (H)(B).....(M).....

Email: D.O.B.

RSL / ESO Membership: Yes No

RSL Sub-Branch / ESO:.....

Type of Membership: Service / Affiliate / Social / Women's Auxiliary / Life Member

Other roles within the RSL / Ex Service Community:.....

.....

.....

Next of Kin for Emergency Contact Only:

Name:.....Relationship:

Address:.....

Phone: (H)..... (B) (M).....

Do you have any disability or medical condition that could impact on your volunteer activities?

Yes No If 'yes' please describe:.....

.....

Current / Previous Occupation (if applicable):

.....

Please describe any qualifications /skills / previous voluntary work that could be relevant:

.....

.....

Copy of C.V. attached: Yes N/A

Why would you like to become a volunteer?

.....

.....

Special skills, hobbies or interests that you would enjoy sharing with the person(s) you visit:

.....

.....

Visiting Preferences:

Hospitals Residential Aged Care – Low Care Residential Aged Care – High Care

Veterans own home or Independent Living Unit Wherever needed

Do you prefer general visits to a number of persons? Yes No

Would you prefer to be a regular special visitor to 1 or 2 older members of the veteran community who would benefit from a having 'special friend'? Yes No

Do you feel comfortable visiting persons receiving palliative care? Yes No

Do you feel comfortable visiting persons with dementia? Yes No

Preferred areas / suburbs:

Do you have your own transport? Yes No

Availability

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Weekly Fortnightly Monthly As needed Other (describe)

Preferred times of the day:

The next step involves an interview between yourself and RSL representative(s).

If your interview is successful, you will be asked to complete an application for a National Criminal History Records Check. Once this has been processed satisfactorily, you will be provided with an Overview of Insurance Cover for Volunteers and required to complete:

- Request for Identification Badge (photo ID)
- Privacy Agreement

Please supply the name and contact details of a referee (other than a family member):

Name: _____ Relationship: _____

Contact number: _____

Commitment to RSL Victorian Branch Values and Policies:

I agree to respect and abide by the mission, values, policies & procedures of RSL Victorian Branch in whatever way they apply to my role as a volunteer visitor within the organisation.

Signature: _____ Date: _____

Print Name: _____

Witness: _____ Date: _____

Print Name: _____

Please return form this form to: Your local Sub-Branch or to
RSL Aged & Health Support
ANZAC House, 4 Collins St, Melbourne 3000

RSL Sub-Branch Office Use Only:

RSL Sub-Branch:.....

Interview Date

Conducted by and

Interview outcome: Successful Unsuccessful

Recommended program(s):

Reference Check completed: Yes No By:

Application Approved: Yes No Date:

By: Signature

Name (Sub-Branch President or delegate)

Comments:.....

Send to RSL Aged & Health Support:

- Copy of Application Form and Interview documents
- Application for National Criminal History Records Check
- Completed Request for Identification Badge (with 1 passport size *continuous toned* photograph)
- Signed Privacy Agreement

Signed Date