

## Volunteer Application

Name:

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Organisation: (if applicable):

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Address:

Postcode:

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Phone Home:

Mobile:

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Email:

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What is your preferred method of contact?    Home    Mobile    Email

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Are you:    Male    Female   Date of Birth:

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What work are you interested in volunteering for with Parkinson's Victoria?

- |   |   |
|---|---|
| <input type="checkbox"/> A Walk in the Park         | <input type="checkbox"/> General Administration |
| <input type="checkbox"/> Reception Duties           | <input type="checkbox"/> Data Entry             |
| <input type="checkbox"/> Putting together Info Kits | <input type="checkbox"/> Mail Outs              |
| <input type="checkbox"/> Other – please describe:   |   |
- 

Which days and times are most suitable for you?

- |   |   |
|---|---|
| <input type="checkbox"/> Monday   Time    | <input type="checkbox"/> Friday   Time        |
| <input type="checkbox"/> Tuesday   Time   | <input type="checkbox"/> Saturday   Time      |
| <input type="checkbox"/> Wednesday   Time | <input type="checkbox"/> Sunday   Time        |
| <input type="checkbox"/> Thursday   Time  | <input type="checkbox"/> Other: Project Based |
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Please list prior experience or skills which may be relevant to volunteering with Parkinson's Victoria:

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Have you volunteered with Parkinson's Victoria in the past? If so, when and in which capacity?

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What is your connection with Parkinson's Victoria?

- I have Parkinson's                       I have a family member with Parkinson's  
 Other – please describe:               I want to donate my time to a worthwhile cause
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Do you have any health or medical conditions which may impact your capacity to volunteer?

- No                       Yes – please describe:
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Do you have a current Drivers Licence?                       Yes                       No

Do you have a current Working with Children Card?                       Yes                       No

Do you have a National Police Check?                       Yes                       No

Do you have any First Aid qualifications?                       Yes                       No

If yes, please list details and expiry date.

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Emergency contact details:

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

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

Phone Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Please add any further comments you might have:

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Please accept this as my application to volunteer with Parkinson's Victoria. I understand that this form does not confirm my involvement and that I will be contacted with more information about a specific activity.

I certify the information provided in this form is true and correct and has been provided voluntarily. I understand this information may be disclosed to any party with legal and proper interest, and that I release Parkinson's Victoria from any liability for supplying such information. I understand that this information will not be provided to other organisations for volunteering or marketing purposes.

I understand that I will not be paid for my services as a volunteer. I acknowledge and agree that I volunteer with Parkinson's Victoria at my own risk and I am responsible for ensuring I am adequately and appropriately prepared, both physically and mentally for this activity. If I have any health issues or concerns prior to or during this activity, I understand and agree that I should immediately seek and act upon appropriate medical advice. In consideration of Parkinson's Victoria permitting me to volunteer in an activity, I release Parkinson's Victoria and all persons, organisations or corporations associated directly or indirectly with the conduct of the event, from and against all claims, liabilities, injury, loss or damage I may suffer or incur arising from or connected with me volunteering for this activity.

I grant full permission for the organisers and media to use photographs, film or video footage of me participating in volunteering with Parkinson's Victoria, and surrounding activities, promotions of this or similar events in the future or in relation to the relevant fundraising activity.

I acknowledge that I am over 18 years of age and that all information I have given is true and accurate.

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Print name:

Signature:

Date

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*Please return this form to: Parkinson's Victoria. Thank you!*

587 Canterbury Road, Surrey Hills VIC 3127 • PO Box 239, Surrey Hills VIC 3127

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