



OFFICE USE: Date received _____

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A service of Hope Bereavement Services Inc
Reg No A0027598B

HOPE Bereavement Care is a not for profit organisation which relies on volunteers to assist with its work. The only paid positions are those who are employed part time as our Grief Educators / Counsellors and the Office Manager.

Volunteers are employed in a whole range of activities such as being trained as a bereaved parent supporter, fund raising, administrative and general office work, newsletter editorial and production, writing funding submissions, being a Committee member, assisting with the planning and organisation of our Annual Memorial Service and Walk to Remember.

By completing this application, you are expressing an interest in being actively involved.
You will be required to attend a Volunteer Familiarisation session.
Your skills will be assessed and your possible contribution suggested.
Also, you may need to have a Police Check and a Working With Children Check.

CONFIDENTIAL

VOLUNTEER APPLICATION FORM

Personal Details

Surname: _____ Preferred First Name: _____
Address: _____ Phone [Home] _____
_____ Postcode: _____ [Mobile] _____
Date of Birth: _____ [Other] _____
Email: _____
Current Occupation (if applicable) : _____

Areas of Responsibility

Which areas of *HOPE Bereavement Care* would you be most interested in helping out?

- | | |
|---|---|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Administration |
| <input type="checkbox"/> "Snowflake" Newsletter | <input type="checkbox"/> Filing |
| <input type="checkbox"/> Website | <input type="checkbox"/> Parent Supporter |
| <input type="checkbox"/> Red Nose Day | <input type="checkbox"/> Walk of Hope |
| <input type="checkbox"/> Children's Memory Mornings | <input type="checkbox"/> Annual Remembering Service |
| <input type="checkbox"/> Other <i>[please list]</i> _____ | |

Health Details

- Excellent Good Fair

Do you have any specific health concerns or injuries which may influence the type of work you can contribute? _____

Skills and Interests

Skills, knowledge: _____

Interests, hobbies: _____

Previous employment/volunteer experience *[where relevant]*: _____

Availability

I can be involved in an on going way.

How often can you contribute?

Fortnightly Monthly Other: _____

I can be involved for a specific project or event.

Please state the type of event: _____

Parent Supporter

Have you successfully completed the Parent Supporter Training Course?

Yes No

Emergency Contacts

First Contact

Surname: _____ Preferred First Name: _____

Address: _____ Phone [Home] _____

_____ Postcode: _____ [Mobile] _____

Relationship: _____

Second Contact

Surname: _____ Preferred First Name: _____

Address: _____ Phone [Home] _____

_____ Postcode: _____ [Mobile] _____

Relationship: _____

Referees

1. Name of referee: _____ Position/Organisation: _____

Contact details: _____ Phone: _____

2. Name of referee: _____ Position/Organisation: _____

Contact details: _____ Phone: _____