

# Application to Volunteer

Please forward completed form to: ECH Inc., 174 Greenhill Rd, PARKSIDE SA 5063



Title \_\_\_\_\_ Family name \_\_\_\_\_ Given name(s) \_\_\_\_\_  
Postal address \_\_\_\_\_  
Postcode \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female  
Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_ Mobile \_\_\_\_\_  
Email \_\_\_\_\_ Languages spoken \_\_\_\_\_  
Do you identify with a specific culture? \_\_\_\_\_

**Relationship to ECH**  Resident  Family  Friend  Staff  
 Other \_\_\_\_\_ Are you on any ECH waiting list?  Y  N

**Availability**  Week day  Weekend  Evening  Flexible  Short notice  
 Weekly  Fortnightly  Monthly  Emergency  Other \_\_\_\_\_

**Preferred ECH area/location**  Head Office  Independent Living  Residential Care  Community Services  
 Other \_\_\_\_\_  
Residential Site(s)  
 Holly Residential – Hackham  Marten Residential – Largs North  Ross Robertson Residential – Victor Harbor  Walkerville Residential – Walkerville  
 Smithfield Residential – Smithfield  Carinya Residential – Myrtle Bank  Charles Young Residential – Morphettville

**Areas of interest – further suggestions available in the ECH Volunteer Handbook**  
 Reading  Administration  Recreation/Activities  Driving/Bus Driving  
 Cafe  Visiting  Auxiliary/Fundraising  Other \_\_\_\_\_

**Do you hold a current** Driver's Licence?  Y  N LR or HR Bus Licence?  Y  N  
First Aid Certificate?  Y  N Police Certificate?  Y  N

How did you hear about the ECH Volunteer Program? \_\_\_\_\_  
Reason for becoming an ECH volunteer \_\_\_\_\_  
Do you have any disability or medical condition that might affect your ability to carry out certain types of volunteer activities?  Y  N \_\_\_\_\_ Are you on WorkCover?  Y  N

Please indicate any prescribed medication regularly used and provide details that could help us care for you in an emergency  
\_\_\_\_\_  
Next of kin/emergency contact name \_\_\_\_\_  
Phone \_\_\_\_\_ Mobile \_\_\_\_\_

If accepted for a volunteer position, I agree to advise ECH in writing of any criminal arrest, charge or conviction against me immediately should this occur at any time in the future.  
Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_