



WOMENS HEALTH SERVICES

General and Specific Health Services - Phone: (08) 9227 8122

Alcohol and Other Drug Services for Women - Phone: (08) 9227 9032

VOLUNTEER REGISTRATION FORM

Women's Health Services values its volunteers and thanks you for your interest in our volunteer service. The information you have given about yourself will assist the coordinator to utilise your skills and experience and place you in a volunteer position that will match your experience and abilities.

Privacy Statement in accordance with the Privacy Act – Information collected is for the purpose of providing a volunteer service to Womens Health Services only. No personal information is used or disclosed to other parties. All information is securely stored. Statistical non-personal information may be utilized from time to time.

1. Personal Details

Dr/Mrs/Miss/Ms <i>Please circle</i>		First Name/s	
Surname		Preferred Name	
Address		Postcode	
Daytime phone	After hours phone	Mobile	
Email address		Fax	
Place of Birth		Date of Birth	
Next-of-Kin or person to contact in an emergency			
Name	Relationship	Telephone	

How did you find out about Womens Health Services Volunteer Service?

Previous relevant experience (*or attach Resume*)

Previous training or qualifications (*or attach Resume*)

Why do you want to do voluntary work here?

2. Availability

Which days/times are you available for volunteering?

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

3. Type of Volunteer Activity Preferred

What type of volunteer tasks would you prefer to undertake?

1 st Choice	2 nd Choice	3 rd Choice

4. Health Information

Do you have any physical limitations or are you under any course of treatment, which might limit your ability to perform certain types of activities? Yes No

If yes, please describe

5. Referees

Please provide the names of two people who would be willing to speak on your behalf. The referees may be a friend, a parish priest, a current or former employer, work colleague or a neighbour etc. We request that the referees are not relatives. Daytime telephone numbers of your referees would be appreciated.

Referee No 1	Referee No 2
Name	Name
Relationship	Relationship
Telephone No	Telephone No

6. Please Note

During registration procedures you will be asked to complete a Federal Police Clearance Form. The cost will be met by Womens Health Services. You will also be requested to provide some form of identification, which will be photocopied, such as a current Drivers Licence or Passport.

Thanks for completing your details

Completed applications may be posted, faxed or emailed.

Please contact Lynne Anderson or Sue Lee for more information on 9227 8122

Post to: Volunteer Co-ordinator, Womens Health Services, PO Box 32, Northbridge, WA 6865

Fax to: 08 9277 6615, or

Email to: info@whs.org.au .

