



VOLUNTEER REGISTRATION FORM

Thank you for your interest in becoming a volunteer of the Lishman Health Foundation. The Foundation relies heavily on the unpaid work of volunteers and values their contribution highly. Volunteers can support the Foundation through fundraising initiatives, event management support and administration support.

The information collected in this form will be used to ensure that we are able to meet your needs while you are a volunteer for the Lishman Health Foundation. All personal information will be kept confidential in line with the Foundation's Privacy Policy. You are not required to answer any question that you prefer not to answer.

Contact Details:

Name: _____

Postal Address: _____

Email: _____

Preferred Phone Contact: _____

Date of Birth: _____

Job Title / Company: _____
(if applicable)

1. In what role / capacity would you like to assist the Foundation as a volunteer?

- Fundraising Initiatives
- Event Management Support
- Administrative Support
- Other _____

2. What is your previous work experience and what are your key skills?

3. What are your hobbies and special interests?

4. Please indicate your availability to undertake duties as a volunteer for the Foundation:

Long Term Volunteer Short Term Volunteer (from __/__/__ until __/__/__)

Preferred days / times / hours per week: _____

5. Do you have access to transport?

- Yes, own transport
 Yes, public transport
 No

6. Is there any work that you are unable to do?

- Yes No

If yes, please provide further information:

7. Do you have a current National Police Certificate?

- Yes No

8. If you require a computer to undertake your assigned role, will you need access to a computer?

- Yes, I need access to a computer No, I have access to a computer

9. Do you have any questions or is there anything else you would like to know about the Foundation?

Thank you for registering your interest in volunteering with the Lishman Health Foundation. Please return this form to the Volunteer Coordinator via email to admin@vlfoundation.com or post to PO Box 6031, Bunbury WA 6230. We will be in contact with you in the near future.

OFFICE USE ONLY:

Volunteer Registration Form Received: Date: ____/____/____ Signed: _____

Volunteer Name & Contact Details entered into CRM: Yes No

Volunteer provided with Volunteer Induction Package: Yes No

Signed Copy of Volunteer Engagement Agreement Received: Yes No

(copy provided to volunteer in Induction Package)

Signed Copy of Confidentiality Undertaking Received: Yes No

(copy provided to volunteer in Induction Package)

Name of Assigned Volunteer Supervisor: _____

Volunteer Scheduled to Meet with Volunteer Supervisor: Yes No (Date: ____/____/____)