

RSL CARE SA VOLUNTEER INFORMATION FORM



I consent to the following confidential information being given to staff at RSL Care SA.

Personal Details

Name: _____

Address: _____

Home Phone: _____ Mobile: _____

Email: _____

Date of Birth: _____

Police Check Certificate Number _____ Expiry: _____

Next of Kin / Emergency Contact

1. Name : _____ Relationship: _____

Home Phone: _____ Mobile: _____

Work Phone: _____

2. Name : _____ Relationship: _____

Home Phone: _____ Mobile: _____

Work Phone: _____

3. Name : _____ Relationship: _____

Home Phone: _____ Mobile: _____

Work Phone: _____

Medical Information

Please list any relevant medical conditions that you may have

Condition	Action in case of emergency
_____	_____
_____	_____
_____	_____
_____	_____

Referees

1. Name : _____ Position: _____

Home Phone: _____ Mobile: _____

Work Phone: _____

2. Name : _____ Position: _____

Home Phone: _____ Mobile: _____

Work Phone: _____

3. Name : _____ Position: _____

Home Phone: _____ Mobile: _____

Work Phone: _____

Areas of Interest / Hobbies

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Areas you would like to volunteer in

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Days Available

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Site Interested in Volunteering at

Myrtle Bank – 55 Ferguson Avenue	Angle Park – 18 Trafford Street
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Please return completed form to
RSL Care SA
55 Ferguson Avenue
Myrtle Bank SA 5067

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(To be completed by RSL Care SA office staff only)

Site of volunteering services _____

Police Certificate sighted _____ Signed _____

Lifestyle Co-ordinator _____ Signed _____