

VOLUNTEER APPLICATION FORM



Do you enjoy being part of a team?
Do you have skills you want to utilise for a good cause?

Why not consider Volunteering at Concord Hospital?

Please fill in your details below & a representative from our Marketing Department will contact you.

Full Name: _____

Address: _____

_____ Post Code _____

Contact Number: _____ E-mail _____

1. What area/type of work are you interested in? eg. Assisting patients in ward, Thursday Market Day, Driving of courtesy cart

2. What kind of skills/attributes can you contribute to our Hospital?

3. What days & times are you available to volunteer? Please specify day/s **Monday – Friday ONLY**

Availability (*please tick*)

8:00am – 12:30pm 8:30am – 1:00pm 9am – 3pm 2pm – 6pm

4. **Reference** – please provide a name & contact number for **one** recent referee (does not include family members)

Name: _____ Contact Number: _____

Please return your completed form to: **Marketing & Community Relations Department (Bldg 8A)
Concord Hospital,
Hospital Road
Concord Hospital NSW 2139**

E-mail: SLHD-ConcordInfo@health.nsw.gov.au

**** Please note a probationary period of 3 months applies**

Office Use Only

Interview Date: _____

Reference Check:

Orientation Date: _____

CRC Cleared:

Uniform Issued: _____

ID Badge Issued:

Next of Kin details:

Position description: