

# 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 \_\_\_\_\_