



# Returned & Services League of Australia (Victorian Branch) Inc.

*Home & Hospital Visiting and other Volunteer Programs*

## Application Form for New Volunteers

**Details of Applicant:**

PLEASE PRINT

Name: Mr/Mrs/Miss/Ms.....  
(Surname)

.....  
(Other Names)

Address: .....

Telephone (H) .....(B).....(M).....

Email: ..... D.O.B. ....

RSL / ESO Membership: Yes  No

RSL Sub-Branch / ESO:.....

Type of Membership: Service / Affiliate / Social / Women's Auxiliary / Life Member

Other roles within the RSL / Ex Service Community:.....

.....  
.....

**Next of Kin for Emergency Contact Only:**

Name:.....Relationship: .....

Address:.....

Phone: (H)..... (B) ..... (M).....

Do you have any disability or medical condition that could impact on your volunteer activities?

Yes  No  If 'yes' please describe:.....

.....

**Current / Previous Occupation (if applicable):**

.....

Please describe any qualifications /skills / previous voluntary work that could be relevant:

.....

.....

Copy of C.V. attached: Yes  N/A

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**Why would you like to become a volunteer?**

.....

.....

Special skills, hobbies or interests that you would enjoy sharing with the person(s) you visit:

.....

.....

**Visiting Preferences:**

Hospitals  Residential Aged Care – Low Care  Residential Aged Care – High Care

Veterans own home or Independent Living Unit  Wherever needed

Do you prefer general visits to a number of persons? Yes  No

Would you prefer to be a regular special visitor to 1 or 2 older members of the veteran community who would benefit from a having 'special friend'? Yes  No

Do you feel comfortable visiting persons receiving palliative care? Yes  No

Do you feel comfortable visiting persons with dementia? Yes  No

Preferred areas / suburbs: .....

Do you have your own transport? Yes  No

**Availability**

Monday       Tuesday       Wednesday       Thursday       Friday       Saturday       Sunday

Weekly       Fortnightly       Monthly       As needed       Other (describe) .....

Preferred times of the day: .....

**The next step involves an interview between yourself and RSL representative(s).**

If your interview is successful, you will be asked to complete an application for a National Criminal History Records Check. Once this has been processed satisfactorily, you will be provided with an Overview of Insurance Cover for Volunteers and required to complete:

- Request for Identification Badge (photo ID)
- Privacy Agreement

**Please supply the name and contact details of a referee** (other than a family member):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact number: \_\_\_\_\_

**Commitment to RSL Victorian Branch Values and Policies:**

I agree to respect and abide by the mission, values, policies & procedures of RSL Victorian Branch in whatever way they apply to my role as a volunteer visitor within the organisation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Please return form this form to:** Your local Sub-Branch or to  
RSL Aged & Health Support  
ANZAC House, 4 Collins St, Melbourne 3000

**RSL Sub-Branch Office Use Only:**

RSL Sub-Branch:.....

Interview Date .....

Conducted by ..... and .....

Interview outcome: Successful  Unsuccessful

Recommended program(s): .....

Reference Check completed: Yes  No  By: .....

Application Approved: Yes  No  Date: .....

By: ..... Signature .....

Name (Sub-Branch President or delegate)

Comments:.....

Send to RSL Aged & Health Support:

- Copy of Application Form and Interview documents
- Application for National Criminal History Records Check
- Completed Request for Identification Badge (with 1 passport size *continuous toned* photograph)
- Signed Privacy Agreement

Signed ..... Date .....