



# Cardiac Challenge Volunteer Application Form (Confidential)

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

Address: \_\_\_\_\_  
Street address Suburb State P/code

Telephone: \_\_\_\_\_  
Home Work Mobile

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Relationship Telephone

**Skills and Interests:** (optional but may help **us** in the planning/coordination of the ride or future events)

1. Education background: \_\_\_\_\_

2. Current occupation: \_\_\_\_\_

3. Hobbies, skills, interests \_\_\_\_\_

4. Volunteer experience: \_\_\_\_\_

## **Choices:**

1. Please tick your particular preferences in relation to your volunteer work.

### **Pre-Ride Team**

- Volunteer Coordinator
- Registration & Pack Distribution Leader
- Registration & Pack Distribution Crew
- Replenishment Crew

### **On-Road Teams:** The on-road team comprises the following positions:

- Communications Coordinator
- Communications Crew
- Signage Crew
- Escort and Pack Leader Coordinator
- Escort Drivers
- Pack Leaders
- Medical Crew

**On-Site Teams:** - at Mt Carbine, Lakeland and Cooktown,,

- Campsite and Services liaison person
- Camp site support
- Replenishment team
- Catering Crew
- Medical Crew
- Massage Crew
- Entertainment Crew

**Availability:**

1. What days/times are you available for volunteer work / training / in lead up to ride if necessary?

2. Do you have a car/vehicle available for your volunteer work if required?

Yes                       No

3. Is the vehicle insured?                       Yes                       No

4. Do you hold a current driving licence?

No                       Yes      Expiry date:      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Car                       Auto only

MR                       HR

5. Do you have any physical limitations or are you under any course of treatment, which might limit your ability to perform certain types of work?

No                       Yes

6. How did you hear about us?

7. Are you committed (at this time) to any other training, work (paid or unpaid), travel plans that could affect your future availability for the ride?

No                       Yes

8. Would you be interested in Volunteering for any other Hospital Foundation events?

Yes                       No

*Ensure that you have completed the screening procedure documents.*

**Thank you!**