



# Caulfield South Community House



## Volunteer Contact Details

*The following information is for our office records. This information is strictly confidential and will not be used for any purpose other than proper record keeping.*

### Personal Details

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

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

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

### Emergency Contact Person

Please give the name and phone number of the person we should contact in the event of an emergency

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

### Medicare/ Private Health Insurance Details

Medicare Number       Ambulance Subscription       Private Health

Please inform us if you have any medical concerns, health issues, allergies etc.

### Referees

Please provide the names and contact phone numbers of two references: (personal and professional).

Name:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_



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## Volunteer Confidentiality Agreement

I, \_\_\_\_\_ (print name)

agree that I will maintain at all times the confidentiality of all privileged or proprietary information to which I am exposed whilst working as a volunteer with Caulfield South Community House, whether this information involves a client, a paid employee or other person, or involves overall house business.

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Office Use Only

Date finished Volunteering at CSCH: \_\_\_\_\_

Time spent at CSCH: \_\_\_\_\_

Reason for finishing at CSCH:

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