

Personal Information

Date	
Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	____ / ____ / _____
Cultural Background	
Languages Spoken	
Address	
Home Phone	
Mobile Phone	
Email	
Emergency Contact	Name: _____ Relationship to you: _____ Phone: _____ Mobile: _____
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Not Working <input type="checkbox"/> Caring for Children <input type="checkbox"/> Retired <input type="checkbox"/> Studying Current or Previous Occupation: _____ Course of Study: _____

Amputation Information

Reason for Amputation	<input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Trauma <input type="checkbox"/> Vascular Disease <input type="checkbox"/> Infection <input type="checkbox"/> Other (please specify) _____
Site of Amputation	<i>Lower Appendage:</i> <input type="checkbox"/> Below Knee <input type="checkbox"/> Above Knee <input type="checkbox"/> Foot/Symes <input type="checkbox"/> Partial Foot <input type="checkbox"/> Toe/s <input type="checkbox"/> Bi-lateral Other information: _____ <i>Upper Appendage:</i> <input type="checkbox"/> Below Elbow <input type="checkbox"/> Above Elbow <input type="checkbox"/> Hand <input type="checkbox"/> Partial Hand <input type="checkbox"/> Finger/s <input type="checkbox"/> Bi-lateral Other information: _____

Referee

Referee Details	Please provide the name and contact details of a referee that can be contacted: Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Mobile: _____ Phone: _____ Relationship to you: _____
------------------------	--

Peer Support Volunteer Application Information

Please tell us why are you interested in becoming a Peer Support Volunteer?

Please tell us what do you think you have to offer as a Peer Support Volunteer?

Do you currently volunteer with any other community, sporting or government organisations? If so, please provide details:

Do you have access to a vehicle that can be used for visitation purposes? Yes No

If yes, how far away from home are you willing to travel (eg. 5 kms)? _____ kms

If no, how will you travel to Peer Support Visits? _____

Please tick if applicable:

- I am willing to attend an interview
- I am willing to undergo a Police Check
- I am willing to undertake the Peer Support Volunteer Training Program
- I am willing to adhere to Limbs 4 Life policies and procedures
- I am willing to receive direction from Limbs 4 Life staff
- I can offer other forms of voluntary support such as: _____

Signature: _____ (sign)

Name: _____ (print name)

Thank you for your interest in becoming a Peer Support Volunteer. Acceptance as a Peer Support Volunteer requires completion of the following process:

- Submit application form
- Undergo a Police Check
- Undertake the Peer Support Volunteer Training

Police Check Authorisation Number:_____ **PC Date:**_____ **Date approved:**_____

Limbs 4 Life Incorporated (ABN 25 116 442 461) is collecting your personal information [contained in this form] in order to join you as a member] and for the other purposes described in our Privacy Policy, available at <http://www.limbs4life.org.au/privacy.html> Our Privacy Policy describes how we collect, use and disclose information. It also contains information about the countries outside Australia to which information may be disclosed, how you can access or seek to correct your personal information, how you can complain about a breach of the Australian Privacy Principles and how we will handle a complaint. If you do not provide certain information, we may not be able to consider and respond to your request.