

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 <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"/> 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

Why are you interested in becoming a Peer Support Volunteer?

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 to visit amputees? 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 and interview

I am willing to undergo a Police Check

I am willing to attend 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 showing 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

For more information contact Limbs 4 Life on 1300 78 22 31