# ACVVS Volunteer Application Form

Aged Care Volunteer Visitors Scheme

## Personal details

Family name

Given name Preferred name

Address

Suburb Postcode

Date of birth Phone

Email

Country of Origin

Have you lived outside of Australia for more than 12 months after the age of 16 Yes No

Are you an Australian Citizen Yes ☐ No ☐ If not which Visa type?

**Information to help us match you with a senior**

Do you speak languages (including dialects) other than English? If so, please list:

What have been/are your major areas of education/training?

Indicate previous / current work:

Indicate any previous volunteering experience:

Indicate any previous experience in aged care, including as a family carer:

Do you have other personal or hobbies to share with an older person?

## Availability

Do you have sufficient time to visit a minimum of once a fortnight. Please indicate your availability:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |

**Emergency contacts or next of kin**

Name

Relationship Phone

Name

Relationship Phone

**Referees**

Please provide details of two referees **who you have contacted and who have agreed to be your referee** when we call.

**Referee 1**

Name

Address

Relationship

Phone

**Referee 2**

Name

Address

Relationship

Phone

**How did you hear about us?**

Facebook Page name:

LinkedIn Page name:

Website Name:

Other (please mention):