|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | | | | | | | | | | | |
| **Date of Application:** | | | | | | | | | | | | | | | | |
| Title | | Mr. Mrs. Ms or other | | | | Family Name | | | | | | | | Suffix: (e.g. MD) | | |
| First Name | | | | | | Middle Name | | | | | Preferred Name | | | | | |
| Street Address | | | | | | Suburb/ Town | | | | | State Postcode | | | | | |
| Postal Address (if different) | | | | | | Suburb/ Town | | | | | State Postcode | | | | | |
| Email Address: | | | | | | | | | | | | | | | | |
| Telephone : | | | | Home: | | | | Mobile : | | | | | | Work: | | |
| Do you have a current Driver’s Licence | | | | | | | | Yes /No | | | | | | | | |
| International Driving Permit | | | | | | | | Yes/No | | | | | | | | |
| **Emergency Contact Information** | | | | | | | | | | | | | | | | |
| Name | | | | | |  | | | | | | Relationship | | | | |
| Telephone | | | | | | Home | | | | | | Mobile | | | | |
| **Volunteer Position** | | | | | | | | | | | | | | | | |
| Program | | | | | Location: North/ East Metro | | | | | | | | Volunteer Role | | | |
|  | | | | |  | | | | | | | |  | | | |
| **Availability to Volunteer** | | | | | | | | | | | | | | | | |
| No. Hours/ Week | | | | |  | | | | | | | | Start Date | | | |
| Preferred Days | Monday  Am/pm | | Tuesday  Am/pm | | | | Wednesday  Am/pm | | Thursday  Am/pm | Friday  Am/pm | | | | | Saturday  Am/pm | Sunday  Am/pm |
| **Activities you enjoy** | | | | | | | | | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Reading | Talking/Chatting | Writing Letters | Music/Entertainment | Activities/Sport | | Craft | Quiz Games | Reminiscing/ Photos | Cards | Board Games | | | | | | | | | | | | | | | | | |
| **Skills and Qualifications** | | | | | | | | | | | | | | | | |
| Qualifications | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Languages Other Than English – *please indicate whether basic (B) medium (M) fluent (F) for both spoken and written* | | | | | | | | | | | | | | | | |
|  | | | | | | Spoken B. M. F | | | | | | Written B. M. F | | | | |
|  | | | | | | Spoken B. M. F | | | | | | Written B. M. F | | | | |
|  | | | | | | Spoken B. M. F | | | | | | Written B. M. F | | | | |
|  | | | | | | Spoken B. M. F | | | | | | Written B. M. F | | | | |
| Employment or Volunteering History | | | | | | | | | | | | | | | | |
| Have you worked for St Basil’s Aged Care Before? Yes/ No | | | | | | | | | | | | | | | | |
| What was your most recent paid position? | | | | | | Position | | | | | | Organisation | | | | |
| What was your most recent volunteer role? | | | | | | Position | | | | | | Organisation | | | | |
| **Referees** | | | | | | | | | | | | | | | | |
| *Please provide contact details of two people who are not family members who are willing to act as referees for your chosen voluntary work position*. | | | | | | | | | | | | | | | | |
| Referee 1  Name | | | | | | Relationship | | | | | | How long have you known this referee? | | | | |
| Telephone: | | | | | | Mobile: | | | | | | Email: | | | | |
| Referee 2 | | | | | | Relationship | | | | | | How long have you known this referee? | | | | |
| Telephone: | | | | | | Mobile: | | | | | | Email: | | | | |
| **Medical Information** | | | | | | | | | | | | | | | | |
| St Basil’s Aged Care has a duty of care to protect your health and/or safety while you are a volunteer. *Your answers to the following questions will help meet our mutual needs. (please comment of the impact of the following on work to be performed by you?)* | | | | | | | | | | | | | | | | |
| Do you have an existing medical condition/injury? *Please provide details* | | | | | | | |  | | | | | | | | |
| Do you take any medication that may affect your work? *Please provide details* | | | | | | | |  | | | | | | | | |
| **Police Certificate** | | | | | | | | | | | | | | | | |
| Are you willing to provide a Police Certificate Yes/ No | | | | | | | | | | | | | | | | |
| As part of your application, St Basil’s Aged Care will be required to conduct a Police Certificate Check | | | | | | | | | | | | | | | | |
| Statutory Declaration Form is required:- *for any staff or volunteers who have been a citizen or permanent resident of a country other than Australia after turning 16.* Yes/No | | | | | | | | | | | | | | | | |

**Permission to disclose information:**

I agree / do not agree that my contact details can be provided to aged care providers, funding bodies, non-government and government organisations that are relevant to my volunteers role in the Community Visitors Scheme Programme

Signature: Date:

I agree / do not agree to participate and consent to any media release (photos, good news stories etc.) that may be collected as part of my role as a volunteers.

Signature: Date: