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| --- |
| **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 | MondayAm/pm | TuesdayAm/pm | WednesdayAm/pm | ThursdayAm/pm | FridayAm/pm | SaturdayAm/pm | SundayAm/pm |
| **Activities you enjoy** |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Reading | Talking/Chatting | Writing Letters | Music/Entertainment | Activities/Sport |
| Craft | Quiz Games | Reminiscing/ Photos | Cards | Board Games |

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| **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 1Name | 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: