



# Aged Care and Volunteer Programs APPLICATION FORM

Title (Mr, Mrs, Ms, Dr etc): \_\_\_\_\_ First Name \_\_\_\_\_

Surname: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code \_\_\_\_\_

Email: \_\_\_\_\_

Country or origin: \_\_\_\_\_

Language spoken: \_\_\_\_\_

Your Age group (circle)

Occupational group (circle)

18 – 30      31 – 40

Full time employed      Home support

41 – 50      51 – 60

Part time/casual employed      Unemployed

61 – 70      71 +

Pensioner      Retired

Student

Prefer to work with (circle)

Male  
Female  
No preference

Availability

Times

Weekdays only  
Weekends only  
Most days

am

pm

Suburb(s) preferred

\_\_\_\_\_

Time available

Yes      No

*Do you have sufficient time to visit  
at least once a fortnight? (circle)*

## Experience

*Please describe any experience you have in supporting older people and your experience*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Interests/Hobbies/Talents

*Please list your interests and hobbies (past and present)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### Life experiences/background

Please identify any particular life experiences (eg travel, occupation, where you have lived)

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### Reasons for volunteering

Please briefly state why you wish to become a Volunteer

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Name and phone number of two referees and relationship to yourself

**Referee 1**

Name:

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Phone:

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Relationship

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**Referee 2**

Name:

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Phone:

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Relationship

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### Permission to disclose information

I agree that my contact details can be provided to aged care facilities, funding bodies and non-government and government organisations relevant to my volunteer role	YES / NO
I 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 volunteer	YES / NO
I consent to a Police Check Assessment letter being provided to the Aged Care Facility I will be visiting.	YES / NO
If you would like to receive reimbursement for your visits, please complete your bank account details -	
Bank -	Branch Number -
	Account Number -

Your Signature

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Date

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