

# 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 \_\_\_\_\_

Do you speak languages other than English that you would like to utilise in this role, if so please list languages you speak? \_\_\_\_\_

## Skills and interests

Do you have a particular skill, interest, hobby or ability that you would like to share with an older person?

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Describe any life experiences that would assist us with matching you to an older person with experiences in common for example travel, occupation, where you have lived.

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## Availability

Do you have sufficient availability to visit a minimum of once a fortnight (10 visits minimum over a 6- month period). Please indicate your availability

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Monday Tuesday Wednesday Thursday Friday Saturday Sunday

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AM

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PM

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## Emergency contacts or next of kin

Name

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Relationship

Phone

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Name

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Relationship

Phone

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## Referees

Please provide details of two referees

### Referee 1

Name

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Address

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Relationship

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Phone

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### Referee 2

Name

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Address

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Relationship

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Phone

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