

V_SM05
APPLICATION FOR A VOLUNTEER POSITION



Please select site/region you wish to volunteer in:

Residential: Menora Mandurah

Home Care: Perth Geraldton Jurien Bay Mandurah Bunbury

Name: _____ Telephone: _____

Address: _____

Email: _____ Date of Birth: ____/____/____

Occupation (current or previous): _____

Interests, skills, hobbies: _____

Languages spoken: _____

Do you have your own transport? Yes No

If yes, what is the model/make: _____ No. of doors: _____

Have you ever done volunteer work? Yes No

If yes, please give details: _____

Organisations of which you are now a member: _____

What type of volunteer work would you like to do? (Please check below)

- | | |
|--|---|
| <input type="checkbox"/> with frail aged | <input type="checkbox"/> driving |
| <input type="checkbox"/> with people with disabilities | <input type="checkbox"/> activities assistant |

How much time can you give? Weekly _____ (hrs) or

Monthly _____ (hrs)

Available time/s: _____

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If you are interested in driving please provide your drivers licence number and classes:

Licence

No: _____ Class/es: _____

Convenient Time/s: _____

Why do you wish to work for our service? _____

Where did you hear about us? _____

Please provide the name and phone numbers of two referees and what their relationship is to you (E.g. Employer, Teacher, Principal, Family Friend):

1. Name: _____

Phone: _____

Relationship: _____

2. Name: _____

Phone: _____

Relationship: _____

I agree to Acacia Living Group to obtain a Volunteer National Police Check

I agree to providing evidence of my Current Infuenza Vaccination

(Name)

(Signed)

(Date)

Please return the completed form to: corporate@acacialiving.com.au

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