



APPLICATION FORM

ACVVS Funded by the Australian Government

Balwyn Evergreen Center requires the information below in order to ascertain your suitability as an Aged Care Volunteer Visitor. The information you provide will be stored confidentially within the organisation and only relevant information will be shared with the Aged Care Provider.

Confidential ACVVS Volunteer Application Form:

Name : Preferred name : Pronoun :

Address :

Suburb : Post Code :

Phone Number : E-Mail :

Date of Birth : Country of Origin:

Volunteers must be over 18

Are you an Australian Citizen? : If not, which Visa type :

Are you of Aboriginal or Torres Strait Islander origin?

Have you lived outside of Australia for more than 12 months after the age of 16? Yes No

Do you speak languages other than English that you might like to use in this role? If yes, please list :

Skills and Interests

What particular skill, interest, hobby or ability do you have 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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How did you hear about the Aged Care Volunteer Visitors Scheme?



Availability

The scheme requires a minimum commitment of at least 1 hour per fortnight (at least 10 visits over six months) As a guide, please list possible days you are available.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: What preferences do you have with suburbs you are willing to travel to or how far you are happy to travel to visit the older person?

Older Person Preferences

Who would you like to visit? For example, male or female, a person from a particular culture or language background; a person living with disability, who identifies as LGBTIQ+

● Emergency Contacts

Name : Relationship to you :

Phone no : Email :

Name : Relationship to you :

Phone no : Email :

● Referees Please provide TWO people who are NOT family members who can tell us about you.

Name : Relationship to you :

Phone no : Email :

Name : Relationship to you :

Phone no : Email :

● Do you agree to:

A police check (paid by the organisation)? Yes No

Pre-commencement training? Yes No

