



# 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? .....



