

COMMUNITY VISITORS SCHEME Volunteer Application Form

Thank you for your interest in becoming a volunteer visitor for Lifeline WA's Community Visitors Scheme.
We're sure you'll get a lot out of this programme and hope you'll enjoy your time with us.

First Name _____ Last Name _____

Street Address _____

Suburb _____ Post Code _____

Best Contact Number _____ Date of Birth _____

Email _____

Emergency Contact _____ Contact No. _____

Relationship _____

What hobbies and interests do you have? Eg: Music, walking, crochet, playing scrabble

List as many as you like

Skills and Qualifications

Any languages other than English?		
	Native speaker	Native speaker
	Fluent	Fluent
(Please circle)	Very good command	Very good command
	Basic	Basic
	(Want to expand your knowledge? Y N)	(Want to expand your knowledge? Y N)

Cultural background Eg: I migrated to Australia from Serbia in 1986

Work background Eg: I worked as a mechanic for many years

Anything else you'd like to share about yourself

Do you identify as either: Aboriginal / Torres Strait Islander YES NO (Please Circle)

Do you smoke? YES NO (Please circle)

Have you been a citizen or permanent resident of a country other than Australia after the age of 16?

YES NO

IF YES, a Statutory Declaration is to be provided stating that you have never, in Australia or another country, been convicted of murder or sexual assault, or convicted of and sentenced to imprisonment for any other form of assault)

References:

It is essential that you provide us with:

- 1) a written reference (form attached - A written reference is a compulsory requirement to this application) and
- 2) a personal reference, we may contact, with your permission. Please note that **both the referees cannot be a family member or close friend**. Our preference would be to have an objective referee. Please give details of your personal referee below:

Name: _____

Occupation: _____

Address: _____

Phone (Home): _____ Mobile: _____

Email: _____

When would you like to volunteer? (Please tick)

Week Days _____ Any particular day/s? _____

Weekends _____

Why would you like to volunteer? _____

Do you give approval for Lifeline WA to use your image and name in promotional material? Please tick here:

Do you give approval for Lifeline WA to use your image and NOT your name in promotional material? Please tick here:

I do not give approval for Lifeline WA to use my image and name in promotional material. Please tick here:

Applicant Signature _____

Date _____



Activity received grant funding from the Australian Government

REFERENCE CHECK

Name (Volunteer):	
Referee:	Phone:

Please return this form by email to cvs@lifelinewa.org.au or post to:

CVS Coordinator
Lifeline WA
GPO Box K765
Perth WA 6842

Information provided in this form will be regarded as confidential material.

This person is applying to be a volunteer with Lifeline WA's Community Visitors Scheme. It's a program that coordinates volunteers to visit recipients of Australian Government subsidised aged care services (residential and home care) who are socially isolated and whose quality of life would be improved by friendship and companionship.

1. How long have you known the applicant and in what capacity?

2. Can you briefly describe the applicant's personality?

3. What do you consider to be their most positive attributes?

4. Are there any attributes that they could work on?

5. The applicant has volunteered for the position of Visitor with the Lifeline WA Community Visitors Scheme, in your opinion do you think the applicant is suited to the role?

6. Is there anything else you consider to be important which may help us in our decision?

Comments: _____

Signature: _____

Date: _____

(Source: Adapted from Volunteering Standards Manual, Volunteer Centre of WA, 1997)