

Volunteer Application Form

Volunteer Application Form			
Name			
Address			
Landline		Mobile:	
Email (print clearly please)			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Age Bracket	<input type="checkbox"/> 18-65yrs	<input type="checkbox"/> >65yrs	<input type="checkbox"/> >80yrs
What areas of JoCare would you like to volunteer with, please check all that apply			
<input type="checkbox"/> Visiting/Companionship	<input type="checkbox"/> For a cuppa and a chat	<input type="checkbox"/> Local short walk	<input type="checkbox"/> Helping Cabrini Patients
	<input type="checkbox"/> Monday am/pm	<input type="checkbox"/> Tuesday am/pm	<input type="checkbox"/> Wednesday am/pm
	<input type="checkbox"/> Thursday am/pm	<input type="checkbox"/> Friday am/pm	
Animal in the home	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any other relevant information	
Smoker in the home	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Transport Please list availability and activity	<input type="checkbox"/> Monday am/pm	<input type="checkbox"/> Tuesday am/pm	<input type="checkbox"/> Wednesday am/pm
	<input type="checkbox"/> Thursday am/pm	<input type="checkbox"/> Friday am/pm	<input type="checkbox"/> Saturday am/pm
	<input type="checkbox"/> Sunday am/pm	<input type="checkbox"/> Shopping	<input type="checkbox"/> Library
	<input type="checkbox"/> Church services	<input type="checkbox"/> Cabrini appts	<input type="checkbox"/> Medical appts
<input type="checkbox"/> Monthly activity group	<input type="checkbox"/> Leading activity	<input type="checkbox"/> Organising speaker	<input type="checkbox"/> Serving refreshments
	<input type="checkbox"/> Transport	<input type="checkbox"/> Liaison volunteer	
Languages spoken			
Gifts/talents/hobbies/what you enjoy			
Past/present volunteer activities			
Do you have any of the following:	<input type="checkbox"/> First Aid certificate	<input type="checkbox"/> Food handling certificate	<input type="checkbox"/> Responsible serving of alcohol
Qualifications/experience that may be of benefit			
Please provide a brief letter telling us about yourself, including the contact details of two references			
All JoCare volunteers are expected to undergo a police and working with children's check, and attend a training session			
Please forward your application to	JoCare, 47 Stanhope St, Malvern 3144 jocare@stjosephsmalvern.org.au		
Office Use Only	Date Received		
	Date Contacted		
	Interview date		
All information provided on this form will be kept confidential in accordance with the <i>Information Privacy Act Victoria 2000</i>			