# ACVVS Volunteer Application Form

Aged Care Volunteer Visitors Scheme

*Funded by the Australian Government*

## Personal details

Family name Click or tap here to enter text.

Given name Click or tap here to enter text. Preferred name Click or tap here to enter text.

Address Click or tap here to enter text.

Suburb Click or tap here to enter text. Postcode Click or tap here to enter text.

Date of birth Click or tap here to enter text. Phone Click or tap here to enter text.

Email Click or tap here to enter text.

Country of Origin Click or tap here to enter text.

* Have you lived outside of Australia for more than 12 months after the age of 16 Yes  No
* Are you an Australian Citizen?  Yes  No: Visa type Click or tap here to enter text.
* Do you hold a current Working with Children’s Check?  Yes  No
* Do you speak languages other than English that you would like to utilise in this role, if so please list languages you speak? Click or tap here to enter text.

## Skills and interests

Do you have a particular skill, interest, hobby or ability that you would like to share with an older person?

Click or tap here to enter text.

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.

Click or tap here to enter text.

Do you have any children or pets that you may consider taking with you on your visits?

Give detail i.e. children’s age, type and breed of pet

☐ Children Click or tap here to enter text.

☐ Pets Click or tap here to enter text.

## Availability

Do you have sufficient availability to visit a minimum of once a fortnight (10 visits minimum over a 6- month period). Please indicate your availability

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |

**Emergency contacts or next of kin**

**1.** Name Click or tap here to enter text.

Relationship Click or tap here to enter text. Phone Click or tap here to enter text.

**2.** Name Click or tap here to enter text.

Relationship Click or tap here to enter text. Phone Click or tap here to enter text.

**Referees**

Please provide details of two referees

**Referee 1**

Name Click or tap here to enter text.

Address Click or tap here to enter text.

Relationship Click or tap here to enter text.

Phone Click or tap here to enter text.

**Referee 2**

Name Click or tap here to enter text.

Address Click or tap here to enter text.

Relationship Click or tap here to enter text.

Phone Click or tap here to enter text.

**Signatures**

For the person completing this form

|  |  |  |  |
| --- | --- | --- | --- |
| Name (please print): |  | | |
| Signature: |  | Date: |  |

Macedon Ranges Shire Council is committed to protecting your privacy. The information you provide on this form is being collected for the primary purpose of recruiting and matching volunteers with Residential Age Care or Home Care Package clients. Where required, your details, will be provided to Macedon Ranges Shire Council staff and volunteers to enable them to provide the service.

Your personal information will not be disclosed to any external party without your consent, unless required or authorised by law. If you wish to gain access to, or alter any personal information you have supplied on this registration form please contact Macedon Ranges Shire Council via phone 5422 0333 or email mrsc@mrsc.vic.gov.au. Information provided will be stored in accordance with Council’s Record Management

Policy and destroyed in accordance with the Public Records Act 1973. You can access Council’s Privacy Policy at mrsc.vic.gov.au