

ACVVS Volunteer Application Form

Aged Care Volunteer Visitors Scheme

Funded by the Australian Government

Personal details

Family name

Given name

Preferred name

Address

Suburb

Postcode

Date of birth

Phone

Email

Country of Origin

- 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 _____
- 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? _____

Skills and interests

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

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.

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

☐ Pets

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Emergency contacts or next of kin

1. Name

Relationship

Phone

2. Name

Relationship

Phone

Referees

Please provide details of two referees

Referee 1

Name

Address

Relationship

Phone

Referee 2

Name

Address

Relationship

Phone

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