

NEIGHBOUR AID VOLUNTEER SUPPLEMENT

Name: _____ Title: _____ Preferred Name (if other): _____

Date of Birth: ___/___/___ Address: _____

Suburb: _____ Post Code: _____ Gender: Male Female

Telephone: (H) _____ (W) _____ (M) _____

Email Address: _____

Emergency Contact Name: _____ Relationship: _____ Ph: _____

Occupation (current or previous): _____ Languages Spoken: _____

Interests, skills, hobbies: _____ Country of Birth: _____

Do you consider yourself Aboriginal or Torres Straight Islander? Yes [] No []

We have a range of different volunteering positions. Please tick which one(s) you are interested in:

Home Visiting: visiting frail aged people and/or people with a disability in their home.

Client Criteria (who you would like to visit?). Please tick any essential criteria:

Local area [] No pets [] Smoker [] Non Smoker []

Male [] Female []

Other: _____

Community Visitors Program: visiting aged people in hostels and nursing homes.

Local area [] Male [] Female []

Frail Aged only [] Disabled only [] Other: _____

Neighbour Aid Pets: Walking and/or grooming pets for frail aged people or people with disabilities.

Garden Aid: working in a team helping frail aged people and people with a disability maintaining their garden (working with a staff member).

Mini Outings: assisting aged people and people with a disability going out on social outings to a variety of destinations (working with a staff member).

Saturday Social Group: assisting people under 65 with a disability going out on fortnightly weekend social outings to a variety of destinations (working with a staff member).

Office Administration: Assisting with administration tasks in the office (working with staff members).

Projects: Assisting staff with projects requiring specific skills, or project-focused work.

Do you have any previous experience/training as a volunteer? Yes [] No []

Please give details _____

Why do you want to volunteer? _____

Where did you hear about us? _____

Circle days available: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

How much time can you give per week/fortnight? _____ (hrs.) At what time of day? _____

Do you have any additional information/medical conditions which might affect you when carrying out this sort of volunteering work? This includes any pre-existing injuries. _____

Do you have your own transport? Yes [] No []

If yes, are you willing to use your vehicle to and from your volunteering duties? Yes [] No []

Would you be willing to give a client or another volunteer a lift? * Yes [] No []

* If yes – please bring your green slip, comprehensive car insurance and registration papers to your volunteer interview.

Referees

Please provide the name, and phone number of two referees (non-family members only)

1

Name: _____
 Phone: _____
 Email: _____
 Relationship: _____

2

Name: _____
 Phone: _____
 Email: _____
 Relationship: _____

I acknowledge with my signature that IWNA Inc. has the right to:

- contact these 2 referees
- keep this personal information on file

Signed: _____

Date: _____