



VOLU	JNTEI	ER DI	ETAILS	;									
Title		Firs Nar				Surname			•			Preferred Name	
Date	of Birt	h					(Gender				Nationality	
Home Address									Sta	ate		Postcode	
Mobile Phone							Home Phone		'		Best Contact		
Email Address							ı						
EMEI	RGEN	CY C	ONTA	СТ									
Name)												
Relationship		р								ı	Mobile Phon	е	
Posta	Postal Address												
ROLE	E DET	AILS											
Volun	nteer		☐ Meals on Wheels☐ Social Support (Aged Care Volunteer Visitors Scheme ACVVS)										
Position	ion		□ Social Support Volunteer (Group Support)										
			□ Com	nmun	ity Tr	ansport		□ Oth	er				
Volunteering Location(s)													
			□ Mon		☐ Tues			Wed	☐ Th	urs	□ Fri	□ Sat	□ Sun
Availa	ability	=	am/pm		am/pm		am	n/pm	am/p	ım/pm am/pm		am/pm	am/pm
			Notes:										
How did you find out about this role and volunteering with Intereach?					 □ Previous Intereach Employee, Returning Volunteer or Client □ Friend/Relative of Intereach Employee or Volunteer □ Local Newspaper □ Radio Advertisement □ Social Media □ Flyer/Print Advertisement - Location: □ Employment/Disability Agency □ Employer Partnership □ Community Organisation □ Registered Training Organisation □ Seek □ GoVolunteer □ Volunteer Resource Bureau □ Prefer not to answer □ Other 								
REFERENCE CHECK													
Please provide one character reference below (cannot be an immediate family member)													
Name	•		Relationship										
Phone	е					Ema	iil				•		

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Volunteer Application Form



DECLARATION									
Do you have any pre-existing medical condition or injury, or have you recently undergone any significant									
life stressors that we should be aware of that may impact on your volunteer role or require reasonable									
adjustments?									
☐ Yes ☐ No ☐ Prefer not to answer									
☐ I have a current Criminal Record Check (< than 6 months old)									
OR □ I am willing to undergo a Criminal Record Check									
☐ I can provide a statutory declaration if I lived overseas for 12 months or more since the age of 16									
OR □ Not applicable									
☐ I have a current Drivers Licence									
OR I have authorisation to commence in a non-transport role without a current Drivers Licence									
\square I can attend an Intereach office to complete Induction training									
Signature Date									

Please return this form to your local Intereach Office or scan and send to <u>careers@intereach.com.au</u>
All information provided will be kept secure by Intereach in accordance with our Privacy & Data Security Guidelines.

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ACVVS VOLUNTEERS ONLY: The following information is collected for ACVVS matching and reporting purposes and will be kept in strict confidence								
VOLUNTEER INTERESTS								
Do you speak languages other the you would like to utilise in this ro list languages you speak?	le, if so please							
Describe any life experiences that us with matching you to an older experiences in common for exam occupation, where you have lived work, family, culture etc.	person with ple travel,							
Hobbies and interests Do you have skill, interest, hobby or ability that like to share with an older person	t you would ?							
During lockdowns (e.g. COVID, G postponed the volunteer can offe	•		(, ,	□ Emails				
via:		-	☐ Video e.g. Skype, Zoom or F	-acetime				
DIVERSE, COMPLEX, VULNER important as it will be used to bet Health.			` ,					
Does the volunteer identify as be	eing from diverse	, complex, vulner	able and/or cultural group(s):					
People from Aboriginal and Torre Strait Island Communities	s	Parents separated from their children by forced adoption or removal						
People from Culturally and Linguistically Diverse Backgroun (CALD)	ds	Care-leavers (including Forgotten Australians, Former Child Migrants and Stolen Generations)						
People who live in rural or remote areas)	Lesbian, gay, bisexual, transgender, queer and intersex people (LGBTQI+)						
People who are financially or soc disadvantaged	ially	People who are deaf or hearing impaired/hard of hearing						
Veterans		People living with a disability						
People who are homeless or at risbecoming homeless	sk of	People who have cognitive impairment including dementia						
People experiencing mental healt conditions and/or people who have been exposed to significant traun	ve							
MATCHING PREFERENCES								
Gender	Language or Cu	Itural Preferences	3					
Other (please include any preferences that will help make the right match)								

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