



ACVVS Volunteer Application Form

Aged Care Volunteer Visitors Scheme

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 If not which Visa type _____

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.



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

Preferred Suburb

Emergency contacts or next of kin

Name

Relationship

Phone

Name

Relationship

Phone

Have you had Covid Vaccinations and Booster Shots Yes No

Have you had an annual Influenza Vaccination Yes No

Referees

Please provide details of two referees

Referee 1

Name

Address

Relationship

Phone



Referee 2

Name

Address

Relationship

Phone

Permission to Disclose Information

1. I agree that my contact details can be provided to Aged Care facilities and Non-Government Organisations relevant to my volunteers role Yes No
2. I agree to participate and consent to any media release (photos, good news stories, etc) that may be collected as part of my role as a volunteer Yes No
3. I consent to a Police Check Volunteer Suitability Letter being provided to the aged care Facility / HCP Client I will be visiting Yes No

If you would like to receive reimbursement for your visit, please complete your bank account details attached.

Bank

BSB

Account Number

Name: _____

Signature _____ Date _____