



Community Visitor Application Form - CONFIDENTIAL

Thank you for taking the time to apply for the volunteer position as a community Visitor

Please return the completed via one of the below methods:

Via Email:

Address: volunteer@nh.org.au

Subject: CVS Application Form

Via Post:

Volunteer Coordinator

Community Visitors Scheme, Northern Health

35 Johnstone Street,

Broadmeadows VIC 3047

You may complete this form electronically save and email, or print it out and fill it in manually.

Required fields are marked in red. If you have any enquires please call (03) 9345 5837

Applicant Details:

Full Name:

Date of Birth: / /

Address:

Suburb:

Postcode:

Contact Details:

Mobile:

Home:

Work:

Email Address:

Emergency Contact:

Name:

Relationship:

Mobile:

Home:

Work:

Email Address:

Occupational Group:

- ☐ Full time employed
- ☐ Pensioner
- ☐ Unemployed
- ☐ Student

- ☐ Part time/casual employed
- ☐ Home support
- ☐ Retired
- ☐ Other

Preferred area to visit:

- ☐ BUNDOORA 3083
- ☐ GREENSBOROUGH 3088
- ☐ PRESTON 3072
- ☐ ST HELENA 3088
- ☐ WATTLE GLEN 3096

- ☐ ELTHAM 3095
- ☐ KEON PARK 3074
- ☐ RESERVOIR 3073
- ☐ SUNBURY 3429
- ☐ WHITTLESEA 3757

- ☐ EPPING 3076
- ☐ MILL PARK 3082
- ☐ SOUTH MORANG 3725
- ☐ THOMASTOWN 3074

Do you feel you can make the commitment at least once a fortnight?

Yes: ☐ No: ☐ Maybe: ☐

Can you make a 12 month (or more commitment) to volunteering?

Yes: ☐ No: ☐ Maybe: ☐

Do you have a car?

Yes: ☐ No: ☐

Do you have a drivers licence?

Yes: ☐ No: ☐ If Yes - Licence Number:

Expiry date:



About You

Country of origin:

First Language:

Other Languages:

Please identify any experience that you have that you feel is relevant to working with the elderly?

Please list your interests and hobbies?

What are your reasons for applying for this role?

Please provide names and phone numbers of two referees

Referee 1:

Referee 2:

Permission to disclose information:

I agree that my contact details can be provided to aged care homes where I am visiting a resident as a participant in the Community Visitors Scheme: **Yes:** ☐ **No:** ☐

Name:

Signature: _____

Date: / /

Please be aware that all Northern Health volunteers are subject to a national police check prior to commencement and every 3 years thereafter. All volunteers must obtain, and maintain a Working with Children's Check and complete an Immunisation Questionnaire while engaged with Northern Health.