

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.



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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							

Emergency contacts or next of kin

Name

Relationship

Phone

Name

Relationship

Phone

Referees

Please provide details of two referees

Referee 1

Name

Address

Relationship

Phone



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Referee 2

Name

Address

Relationship

Phone

Please email this form to ACVVS Coordinator at **acvvs@agedrights.asn.au**



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