

APPLICATION FORM FOR VOLUNTEERS : SENIORS HOPE

A.BACKGROUND INFORMATION

Name:

Address:

Contact details: Mobile Phone

Landline

Email

Address

Next of Kin & contact details:

Are you fully vaccinated for Covid 19?

Have you had a recent national Police check? (over last 5 years)

Do you have any health concerns that we should be aware of?

In a few sentences tell us why you are interested in volunteering with Seniors Hope.

B. BUILDING A RELATIONSHIPS WITH SENIORS:

*** What are some of your personal interests, hobbies (past and present), sporting interests, favorite recreational activities etc.**

*** Past employment history**

***Places you have lived over the past years?**

*** Languages Spoken**

C. IS THIS THE RIGHT FIT FOR YOU?

Seniors Hope visitation can only take place on Monday to Friday between 10:30am -4:30pm. Are you available during those times?

Do you have any relevant experience or training in this type of ministry?

E.g. You may have spent time visiting your elderly parents in a nursing home. List any experience you have..

Are there any areas that you feel some training for this ministry would be beneficial for you? List specific areas of training that would assist you

Would you be prepared to make a long term commitment to regular weekly visits to someone in Aged Care?

In a few sentences tell us why you think you would be suitable as volunteer for Seniors Hope:

Name and contact details of someone we can contact to give you a reference:

