

First Name(s):.....Surname:.....

Phone Home:.....Work:.....

Mobile:.....Email:.....

DOB:.....Place of Birth:.....

Postal Address:.....

.....

Residential Address:

.....

.....

Experience:

Have you volunteered with older people or at a residential aged care facility before?

Yes / No

Details:

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.....

Is there anything from your work background that you would like us to know about?

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Which gender of resident would you prefer to spend time with?

Availability: *(please tick)*

Female

Most days

Male

Weekends only

No preference

Morning

Afternoon

Volunteer Application Form

Interests: Please list your interests and hobbies (*past and present*) that you would like to utilise whilst volunteering:

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Life Experience/Background: (*Travel, occupation, places where you have lived*)

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Things you are interested in doing at Eloura and other relevant details:

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Signature: **Date:**