

Companion Animal Support Program for Older People Project 2011

VOLUNTEER APPLICATION FORM

Name:	
Address:	
Phone:	
Email:	
Age:	<input type="checkbox"/> 18 – 25 <input type="checkbox"/> 25 – 39 <input type="checkbox"/> 39 – 50 <input type="checkbox"/> 51 – 60 <input type="checkbox"/> 61 – 70 <input type="checkbox"/> 70+
Country of Birth:	
Languages Spoken:	

PLEASE LIST (BRIEFLY) RELEVANT QUALIFICATIONS, SKILLS, AND EXPERIENCE

QUALIFICATIONS	
SKILLS	
EXPERIENCE	

Are there any issues that we need to take into account? *(ie. health, disability, religious need etc.)*

What interests you in becoming a Companion Animal Support Program Volunteer?

What experience have you had with a pet before? *Please state pet type.*

What type of pet care are you willing to assist with?

- | | | |
|---|---|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Bathing | <input type="checkbox"/> Feeding |
| <input type="checkbox"/> Bed cleaning | <input type="checkbox"/> Cage cleaning | <input type="checkbox"/> Coat care |
| <input type="checkbox"/> Kitty litter tray cleaning | <input type="checkbox"/> Fish tank cleaning | <input type="checkbox"/> Dog poo pick up |
| <input type="checkbox"/> Other _____ | | |

Do you have a preference in pet type?

- | | | |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Dog (large) | <input type="checkbox"/> Dog (medium) | <input type="checkbox"/> Dog (small) |
| <input type="checkbox"/> Cat | <input type="checkbox"/> Other _____ | <input type="checkbox"/> No preference |

Which day/s and times are you available to volunteer?

Day	Time (am)	Time (pm)	Comments
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Are you able to commit to the role until November 2011? Yes No

How did you find out about the Companion Animal Program at NRCH?

REFEREE 1	REFEREE 2
Name:	Name:
Organisation:	Organisation:
Phone:	Phone:
Email:	Email:
Relationship to you:	Relationship to you:

EMERGENCY CONTACT PERSON:	
Name:	
Phone:	
Address:	
Relationship:	

CHECKLIST:	
<input type="checkbox"/>	I have attached my signed volunteer agreement
<input type="checkbox"/>	I have attached my completed police check
<input type="checkbox"/>	I have attached my resume
<input type="checkbox"/>	I have read and understood Companion Animals Support Program Volunteer position description
SIGNED:	DATE:

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS WITHIN 2 WEEKS TO:

Selma Sali, Volunteer Co-ordinator, North Richmond Community Health Ltd

23 Lennox Street, Richmond 3121

Ph: 9420 1326 Fax: 9428 22 69 Email: selmas@nrch.com.au www.nrch.com.au