****

**Engadine Community Services**

**1034-1036 Old Princes Hwy [PO Box 583] ENGADINE NSW 2233**

 **Email:****admin@ecs.org.au** **|**[**www.ecs.org.au**](http://www.ecs.org.au)

**ABN 39 108 386 726** **Tel: 9520 7022**

**INTEREST IN VOLUNTEERING Questionnaire**

Are you ready to join the ECS Team as a volunteer with ECS Aged Services?

**Personal information**

|  |  |
| --- | --- |
| Full Name: |  |
| Date of birth: |  |
| Mobile: |  |
| Email: |  |

**Do you have the any of the following** *[please circle]***?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NSW Police Check Certificate | NSW Working with Children Check | Proof of COVID Vaccinations | Current First Aid Certificate | Basic Drivers License | Bus Drivers License |

**Tell us a bit about who you are and what you could contribute to ECS** *[tick]*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **I...** | **Yes** | **No** |
| 1. 1.
 | … am retired |  |  |
| 1. 2.
 | 1. … am working in a paid job
 |  |  |
| 1. 3.
 | 1. … am studying
 |  |  |
| 1. 4.
 | … am looking for a paid job |  |  |
| 1. 5.
 | 1. … have volunteered previously

*If Yes, where and when?:* |  |  |
| 1. 6.
 | 1. … have experience supporting older people
 |  |  |
| 1. 7.
 | 1. … have worked in the health sector or aged care
 |  |  |
| 1. 8.
 | 1. … can speak a language other than English

*If Yes, which one/s?:* |  |  |
| 1. 9.
 | 1. … have other experience from my personal life that is relevant
2. *[eg. cared for a relative or friend, ran a family home, raised kids]*
 |  |  |
| 1. 10.
 | 1. … have other experience from my work life that is relevant
2. *[eg. allied health, police, bus or taxi driver, fitness instructor]*
 |  |  |

**About your skills and ability to assist our clients who are frail older people living in their own homes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **If I volunteer at ECS, I...** | **Yes** | **No** | **Not applicable** |
| 1. 1.
 | … have a car I could transport a client in |  |  |  |
| 1. 2.
 | … would be able to visit clients at home |  |  |  |
| 1. 3.
 | … would be able to go out on week day bus trips [at least 5 hours] |  |  |  |
| 1. 4.
 | … can carry small packages or shopping bags |  |  |  |
| 1. 5.
 | … can read and understand instructions in English |  |  |  |
| 1. 6.
 | … can speak and hear instructions in English |  |  |  |
| 1. 7.
 | … can remember basic instructions  |  |  |  |
| 1. 8.
 | … am someone who likes being an organiser |  |  |  |
| 1. 9.
 | … am someone who feels confident in new places |  |  |  |
| 1. 10.
 | … am someone who likes meeting new people |  |  |  |

**What does volunteering mean for you?**

I am interested in joining the ECS Team as an Aged Services volunteer because …

……………………………………………………………………………………………………………………..………

……………………………………………………………………………………………………………………………..

**When can you volunteer for at least 2-3 hours** *[please tick]***?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Monday  | Tuesday | Wednesday | Thursday  | Friday  | Saturday |
| 9am – 12 |  |  |  |  |  |  |
| Before 9 am |  |  |  |  |  |  |
| 12 – 3 pm |  |  |  |  |  |  |
| 2 – 5 pm |  |  |  |  |  |  |

*I declare the information I have provided is true and accurate.*

*Signature: …………………………………………………… Date: ………………………………………*