



ARAFEMI

Volunteer Application Form

Thank you for your interest in volunteering with ARAFEMI.

Title: _____ First Name: _____ Surname: _____

Address: _____ Postcode: _____

Phone (Home): _____ (Mobile): _____ (Work): _____

Convenient time (during office hours) to contact: _____

Email address: _____

Date of Birth: _____

What is your first language? _____

Please state any other languages spoken: _____

What is your work situation?

- Full time Casual Retired
- Part time Voluntary work Other

If working, what type of work do you do? _____

Are you currently studying?

- Yes No

If yes, what course/s are you studying? _____

Please list your qualifications/special skills: _____

In what ways are you interested in volunteering for ARAFEMI?

- Telephone support worker* Carer Speaker Carer Advocate
- Support group convenor* Media Monitor * Position description available on request
- Carer Online Moderator Carer Mentor

What shifts are you available (telephone support only)?

	Mon	Tues	Wed	Thurs	Fri
9am - 1pm					
1pm - 5pm					

Do you have any direct experience in the role/s for which you are applying (i.e. media work, advocacy, group work, telephone support)? Please describe.

What is your reason for wanting to volunteer at ARAFEMI?

Do you have professional or personal experience of mental illness (e.g. carer, worker, consumer)? Please describe.

Do you have previous experience working as a volunteer? Please describe.

How did you find out about the ARAFEMI Volunteer Program?

Please provide details of at least two people who could act as a referee for you. Include at least one professional referee.

**On completion of this application form please return to:
Volunteer Coordinator
P.O. Box 83, Hawthorn, VIC 3122**