



Volunteer Application Form

Contact Information

Name:			
Address:			
Phone:	(Home)	(Mobile)	(Work)
Convenient time to contact during business hours:			
Email:			

Personal Information

Date of Birth:		
Any language/s other than English spoken:		

Interests

In what ways are you interested in volunteering for ARAFEMI?

- Telephone support work
- Support group co-convening

Availability

What is your current work situation?

- Full time
- Part time
- Casual
- Voluntary work
- Retired
- Other _____

Are you currently studying?

- Yes
- No

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

Please list the hours you are able to volunteer.

Shifts	Monday	Tuesday	Wednesday	Thursday	Friday
9-1 am					
1-5 pm					

Qualifications, Skills and Experience

Summarize relevant qualifications and special skills.

Do you have any direct experience in the role/s for which you are applying (telephone support work, group work)? If so, please describe.

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

Arafemi Information

What is your reason for wanting to volunteer with ARAFEMI?

How did you find out about the ARAFEMI Volunteer Program?

Referees

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

Name		Name	
Position		Position	
Relationship to you		Relationship to you	
Contact Details (Phone)		Contact details (Phone)	
(Email)		(Email)	

Agreement and Signature

By submitting this application I affirm that the facts set forth in it are true and complete.

Signature	
Date	

ALL VOLUNTEERS WILL BE REQUIRED TO UNDERGO A POLICE CHECK.

Completed forms can be returned to:

**The Volunteer Coordinator
P.O. Box 83
Hawthorn
VIC 3122**

ARAFEMI will contact you to discuss your application and the recruitment process further. Training and support is provided to all volunteers.

Thank-you for your interest in volunteering with ARAFEMI