



SERVING A DIVERSE ARABIC COMMUNITY

ABN 19 633 403 991 INCORPORATION NO. A0009173D

C1, 1-13 The Gateway,
Broadmeadows VIC 3047
T (03) 9359 2861
F (03) 9359 2899
E mail@vass.org.au
W www.vass.org.au



home and community care

A JOINT COMMONWEALTH AND STATE/TERRITORY PROGRAM
PROVIDING FUNDING AND ASSISTANCE FOR AUSTRALIANS IN NEED

VOLUNTEER APPLICATION FORM

Name: _____

Address: _____

(Suburb) _____ (State) _____ (Postcode) _____

Telephone: _____ Mobile: _____

Home: _____

Email: _____

Are you over 18 years of age? No Yes

Do you speak another language? No Yes

If yes, which?



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Are you a student?

No Yes

If yes what course and what year are you currently studying

Are you interested in volunteering and are neither a community worker or social worker?

No Yes

Availability: Please give a rough indication of times suitable for you.

	Monday	Tuesday	Wednesday	Thursday	Friday
9.30am – 1pm					
1pm - 4.30pm					
2pm – 6pm					
5.30pm– 8.30pm					
Other					

Are you interested in volunteering for a whole day? (9.30 – 4.30) No Yes

Are you interested in volunteering after hours only? No Yes



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Previous experience: Please give brief details of related education, work, volunteer, community or other experience.

Reasons for volunteering with Victorian Arabic Social Services Inc.:

Preferred area(s) of work with Wyndham Legal Service Inc. Please tick:

- | | | | |
|------------------------|--------------------------|-------------------------|--------------------------|
| Administrative support | <input type="checkbox"/> | aged care | <input type="checkbox"/> |
| Legal advice | <input type="checkbox"/> | coordinating groups | <input type="checkbox"/> |
| Community development | <input type="checkbox"/> | Youth and family Issues | <input type="checkbox"/> |

Other (please specify): _____

Confidentiality Agreement

I hereby agree to treat all information and documents directly or indirectly associated with my volunteer work at Victorian Arabic Social Services Inc. as strictly confidential and will not pass on any information or documents to another person in a manner that would breach that confidentiality.

Signed

Print Name

Date