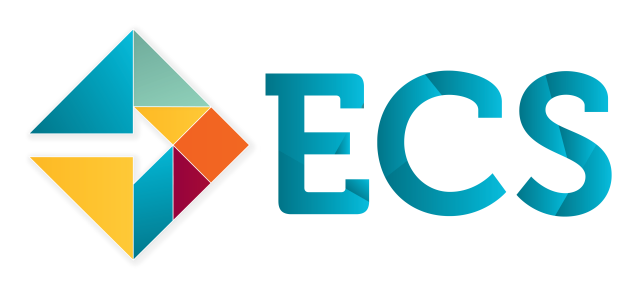
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**Engadine Community Services**

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

**Email:**[**admin@ecs.org.au**](mailto: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: ………………………………………*