HR4501 - Volunteer Job Application Form

Information provided in this form will be kept confidential. 在表格內所提供的資料將被保密。

Title 稱呼: □ Mr 先生 □ Mı	rs 太太 □ Miss /	小姐 □ Ms 女士			
Surname 姓:		Official 1st name 名:			
English/preferred name 英文/首選名稱:		中文姓名:			
Date of Birth 出生日期:		Age 年齡:			
Please state and tick your pr	eferred way of us	contacting you 請	說明和選擇	異與您聯繫的首選方式:	
□ Email □ Mobile					
Phone 電話: M		Mobile 手提電話:			
Email 電子郵箱:					
Address 住址:					
Emergency contacts 緊急聯絡	夕				
Name 姓名:	Tel 電話:		Relationship 關係:		
Name 姓名:	Tel 電話:		Relationship 關係:		
low did you hear about volunte □Name of Radio?	eering work at AN			烷基金的義工工作? website 網站名稱	
收音機電台的名稱					
□Name of TV? 電視台名稱	□Recruitment s	□Recruitment session? 招聘會		□ANHF website 澳華療養院基金網站	
□Name of Newspaper?	□Name of volu	□Name of volunteer network		□ANHF brochure 澳華療養院基金手冊	
報紙名稱	義工網站名稱	義工網站名稱			
□Other – please state 其他 - 請註明:					
· · · · · · · · · · · · · · · · · · ·					
Government regulations require I am willing to have criminal che I am not willing to have criminal	ck 本人願意按政府	要求進行"無犯罪記	錄調查"		
Do you have a police record you from working in the aged 能阻止你在高齡服務行業工作	care industry? 搥		-	□Yes 有 □No 沒有	
If yes, please provide brief de					
Are you willing to transport clients in your own car? 你是否願意使用自己的汽車接送服務對象?				□Yes 願意□No 不願意	
If yes, do you have comprehensive car insurance? 如果願意,你的汽車有全保保險嗎?				□Yes 有 □No 沒有	



Qualification 學歷:			
Current / previous occupation:			
現在/過去的職業			
What skills or knowledge do you ha	ave that you feel would be useful in	a volunteer role?	
你覺得你有什麼技能或知識會對義工	工工作上有幫助的?		
Your Hobbies or interests: 愛好或與	基		
Have you been an ANHF volunteer	previously? 你之前是澳華療養院基	基金的義工?	
□Yes 是 □ No 不是 Role 職位: Service/site 服務或單位: year 年期		單位: year 年期:	
Is your family member our service □ □Yes 是 □ No 不是 Service/s		対象嗎?	
Do you have any relatives, friends	or know anyone who has worked o	r is working at ANHF?	
你是否有任何親戚, 朋友或你認識的	人曾經或現正在於澳華療養院基金	內工作? UYes 有 UNo 沒有	
If yes, please provide the name of th	e person(s) you know: 如果有, 請	是供有關人士的姓名:	
Language 語言:			
	Languages you can speak 講	Languages you can read 讀	
Cantonese 廣東話			
Mandarin 普通話			
English 英語			
Vietnamese 越語			
Dialect 方言:			

Which volunteer roles are you interested in? (Multiple selections please) 你對哪項義工工作感興趣? (可選多項)



☐ Activity	Assistant 活動助理	□Administration Assistant 行政助理	□IT Support 資訊/電腦支援		
□Physio <i>I</i>	Aid 物理治療助理	□Transport Assistant 交通助理	□Kitchen Hand 廚房幫手		
□Social S	Support 社區支援	□Home Visitor 家庭探訪	□Care Taker 宿舍義工		
		□Residential Care Visitor 院舍探訪			
□Event / I	Promotion 特別活動/宣傳	□Others? 其他	A		
Which	Sites are you interested i	n? 你有興趣哪些服務單位?			
	Bernard Chan Nursing H	ome 陳秉達療養院 (Burwood)			
	_	Home 周藻泮療養院 (Earlwood)			
	Lucy Chieng Aged Care Centre 錢梁秀容療養院 (Hurstville)				
	Stanley Hunt Seniors We	ellness Centre 沛德活動中心(Ultimo)			
	So Wai Seniors Wellness	S Centre 蘇懷活動中心 (Burwood)			
	Greenfield Park Seniors	Wellness 綠田園活動中心(Greenfield Pa	ark)		
	Chester Hill Seniors Wellness Centre 翠庭山活動中心(Chester Hill)				
	Hurstville Seniors Wellne	ss Centre 好思維活動中心(Hurstville)			
	Campsie Seniors Wellne	ss Hub 金匙長者康怡天地 (Campsie)			
	Western Sydney Flexible Respite & Centre-Based Respite Services 西悉尼靈活暫息服				
	務及活動中心暫息服務 (\$	South Granville)			
		ess Hub 伊士活長者康怡天地 (Eastwoo	,		
		Wellness Centre 康士比長者活動中心			
	Chatswood Seniors Wellness Centre 卓士活長者活動中心 (Chatswood)				
	Head Office 總辦事處 (Burwood)				
	Campsie Community Office 社區服務辦事處 (Campsie)				
	Social support 社區支援服務				
	Preferred service areas ৄ	有選服務區: _No too far from home			
	Home Visit 家庭探訪				
	Preferred service areas	á 選服務區:			
	Residential Care Visit 院	全探訪			
	Other 其他:				
When	are you available? 你何時	可參與服務?			

Days 天 Times Available



可參與時間

	AM 上年	PM下午	
Monday 星期一			
Tuesday 星期二			
Wednesday 星期三			
Thursday 星期四			
Friday 星期五			
Saturday 星期六			
Sunday 星期日			
The rest as request			
			ii

Medical/Physical Conditions 醫療狀況:

Are there any health issues / disabilities / previous injuries / courses of treatment or limitations that may exclude you from particular activities?

是否有任何健康問題/殘疾/以前的受傷/治療或限制影響你不能參與特別的活動? □ Yes 有 □ No 沒有 If yes, what activities would you prefer to avoid? 如果有的, 你有什麼避免的活動

If yes, what support or assistance do you require? 如果有的, 你需要什麼的協助?

Character Referees 性格推薦人

Referees cannot be related to you and must have known you for more than 12 months			
推薦人不能與你有直接的關係及需要認識你超過 12 個月			
Name 姓名:	Phone 電話:	Relationship 關係:	
Name 姓名:	Phone 電話:	Relationship 關係:	

The information you provided will only be used for enrolment as a member of Australian Nursing Home Foundation Volunteer Services; statistical analysis, further correspondence and promotion of activities organized by the organization. No one will be given access to your personal information.

你所提供的資料只供申請成為本機構之義工、資料統計、日後聯絡及通訊之用。將不會提供予其他人士。

Applicant's signature 申請人簽名: Date 日期:

Please kindly return the application form to email: wolunteers@anhf.org.au or mail to address: 60 Weldon Street, Burwood 2134
For further enquiry, please contact 8741 0240

