

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： <input type="checkbox"/> Mr 先生 <input type="checkbox"/> Mrs 太太 <input type="checkbox"/> Miss 小姐 <input type="checkbox"/> 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 preferred way of us contacting you 請說明和選擇與您聯繫的首選方式: <input type="checkbox"/> Email <input type="checkbox"/> Mobile	
Phone 電話：	Mobile 手提電話:
Email 電子郵箱：	
Address 住址：	

Emergency contacts 緊急聯絡		
Name 姓名:	Tel 電話:	Relationship 關係:
Name 姓名:	Tel 電話:	Relationship 關係:

How did you hear about volunteering work at ANHF? 您是如何得知澳華療養院基金的義工工作？

<input type="checkbox"/> Name of Radio? 收音機電台的名稱	<input checked="" type="checkbox"/> Word of Mouth 口碑	<input type="checkbox"/> Name of website 網站名稱
<input type="checkbox"/> Name of TV? 電視台名稱	<input type="checkbox"/> Recruitment session? 招聘會	<input type="checkbox"/> ANHF website 澳華療養院基金網站
<input type="checkbox"/> Name of Newspaper? 報紙名稱	<input type="checkbox"/> Name of volunteer network 義工網站名稱	<input type="checkbox"/> ANHF brochure 澳華療養院基金手冊
<input type="checkbox"/> Other – please state 其他 - 請註明:		

Government regulations require all volunteers working with elderly people have a criminal record check.

- I am willing to have criminal check 本人願意按政府要求進行“無犯罪記錄調查”
 I am not willing to have criminal check 本人不願意按政府要求進行“無犯罪記錄調查”

Do you have a police record within the last three years that may preclude you from working in the aged care industry? 過去三年中, 你有警察記錄可能阻止你在高齡服務行業工作嗎?	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有
If yes, please provide brief details: 如有, 請提供簡要資料:	
Do you hold a driver's license? 你有駕駛執照嗎?	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有
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?	<input type="checkbox"/> Yes 願意 <input type="checkbox"/> 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?	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有



Qualification 學歷：

Current / previous occupation: _____

現在 / 過去的職業

What skills or knowledge do you have 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作上有幫助的？

Your Hobbies or interests: 愛好或興趣

Have you been an ANHF volunteer previously? 你之前是澳華療養院基金的義工？

Yes 是 No 不是 Role 職位: Service/site 服務或單位: year 年期:

Is your family member our service user? 你的家庭成員是我們的服務對象嗎？

Yes 是 No 不是 Service/site 服務或單位:

Do you have any relatives, friends or know anyone who has worked or 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? Yes 有 No 沒有

If yes, please provide the name of the person(s) you know: 如果有, 請提供有關人士的姓名:

Language 語言:

	Languages you can speak 講	Languages you can read 讀
Cantonese 廣東話	<input type="checkbox"/>	<input type="checkbox"/>
Mandarin 普通話	<input type="checkbox"/>	<input type="checkbox"/>
English 英語	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese 越語	<input type="checkbox"/>	<input type="checkbox"/>
Dialect 方言:	<input type="checkbox"/>	<input type="checkbox"/>

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)



	AM 上午	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			

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: volunteers@anhf.org.au or
mail to address: 60 Weldon Street, Burwood 2134
For further enquiry, please contact 8741 0240

