



**GENKI FAMILIES VOLUNTEER APPLICATION FORM**

**VOLUNTEER POSITION APPLIED FOR :**

KINDY PROGRAM  JAPANESE TEACHER'S ASSISTANT  AGED CARE PROGRAM

**PERSONAL DETAILS**

Family Name:		Given Name:	
Date of birth:	GENDER:	Age:	
Current address:			
Email address:		Phone:	
Nationality:	LINE ID:	Skype address:	
Earliest Date to start:		Last available date:	
Passport Number:		Passport Valid to:	
VISA Type:		VISA expiry date:	
Length of Volunteer: <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> Other			
Preferred day (kindy, Japanese TA volunteer) : <input type="checkbox"/> No Preference <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			
Preferred day (Aged care volunteer) : <input type="checkbox"/> No Preference <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			
Do you have WWC?: <input type="checkbox"/> YES <input type="checkbox"/> NO			
WWC notice number:		WWC Expiry date:	
Address in Perth:			
Are you working as a demi pair/Au pair?: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Host family's name:		Demi pair Hours:	
Emergency phone number and Name:			
Relationship to Applicant:			

**EDUCATION AND LANGUAGE SKILLS**

What is your highest level of education achieved:
School Name:
What languages do you speak:
English level: <input type="checkbox"/> Elementary <input type="checkbox"/> Pre Intermediate <input type="checkbox"/> Intermediate <input type="checkbox"/> Advance

**CHILDCARE EXPERIENCE (KINDY VOLUNTEER)**

Please describe your experience caring for children, and any formal Childcare Qualifications:

Number of Children:	Age of Children:	Duration:
Tasks:		
Reference Contact Details:		
Number of Children:	Age of Children:	Duration:
Tasks:		
Reference Contact Details:		
Do you have experience caring for handicapped children? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>AGED CARE EXPERIENCE (Aged care volunteer)</b>		
Please describe your experience caring for aged people, and any formal Qualifications:		
Number of Aged People:	Age of People:	Duration:
Tasks:		
Reference Contact Details:		
Number of Aged People:	Age of People:	Duration:
Tasks:		
Reference Contact Details:		
<b>VOLUNTEER EXPERIENCE</b>		
Have you had previously volunteering experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please briefly describe what kind of volunteering you have done.		
<b>YOUR SKILLS AND INTERESTS</b>		
Please give your top five reasons for wanting to do a volunteer program in Australia.		
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
Are there any particular skills, interests, hobbies or abilities that you would like to utilise un the course of your volunteering?		
Is there anything you want us to know?		
<b>ABOUT YOU</b>		
Do you have any allergies?		
Please name 5 characteristics you feel best describe your personality		
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
<b>SIGNATURES</b>		
<b>Please check all of your answers before signing.</b> <i>I the undersigned confirm that all the information is true and if there are any changes to my situation I will notify GENKI Families immediately. I understand that fares, health and travel insurance and travel to and from Australia are my responsibility. Your signature below indicates that you have read, understand, and agree with the contract found on the PDF document at the Guideline.</i>		
Signature of applicant:		Date: