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| 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: [ ]  1 month [ ]  2 months [ ]  3 months [ ]  Other       |
| Preferred day (kindy, Japanese TA volunteer) : [ ]  No Preference [ ]  Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday [ ]  Friday |
| Preferred day (Aged care volunteer) : [ ]  No Preference [ ]  Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday [ ]  Friday  |
| Do you have WWC?: [ ]  YES [ ]  NO  |
| WWC notice number:       | WWC Expiry date:       |
| Address in Perth:      |
| Are you working as a demi pair/Au pair?: [ ]  YES [ ]  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: [ ]  Elementary [ ]  Pre Intermediate [ ]  Intermediate [ ]  Advance |
| CHILDCare Experience (kindy volunteer) |
| Please describe your experience caring for children, and any formal Childcare Qualifications:      |
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| Number of Children:      | Age of Children:      | Duration:      |
| Tasks:      |
| Reference Contact Details:      |

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| Number of Children:      | Age of Children:      | Duration:      |
| Tasks:      |
| Reference Contact Details:      |

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| Do you have experience caring for handicapped children? [ ]  Yes [ ]  No |
| **AGED CARE EXPERIENCE (Aged care volunteer)** |
| Please describe your experience caring for aged people, and any formal Qualifications:      |
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| Number of Aged People:      | Age of People:      | Duration:      |
| Tasks:      |
| Reference Contact Details:      |

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| Number of Aged People:      | Age of People:      | Duration:      |
| Tasks:      |
| Reference Contact Details:      |

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| Volunteer experience |
| Have you had previously volunteering experience? [ ]  Yes [ ]  NoIf YES, please briefly describe what kind of volunteering you have done.       |
| YOur skills and interests |
| Please give your top five reasons for wanting to do a volunteer program in Australia.

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| 1.       |
| 2.       |
| 3.       |
| 4.       |
| 5.       |

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| 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?      |
| About you |
| Do you have any allergies?       |
| Please name 5 characteristics you feel best describe your personality

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| 1.       |
| 2.       |
| 3.       |
| 4.       |
| 5.       |

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| Signatures |
| ***Please check all of your answers before signing.****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.* |
| Signature of applicant:      | Date:      |