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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: | | | |
| |  |  |  | | --- | --- | --- | | 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?  Yes  No | | | |
| **AGED CARE EXPERIENCE (Aged care volunteer)** | | | |
| 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: | | | | | | |
| Volunteer experience | | | |
| Have you had previously volunteering experience?  Yes  No  If 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.   |  | | --- | | 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? | | | |
| About you | | | |
| Do you have any allergies? | | | |
| Please name 5 characteristics you feel best describe your personality   |  | | --- | | 1. | | 2. | | 3. | | 4. | | 5. | | | | |
| 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: |