



**Echuca Community for the Aged**  
LEADERS IN AGED CARE

**LIFE-FM-V1.1**  
**VOLUNTEER APPLICATION FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ postcode \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**In case of emergency**

Next of kin or person to contact \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_ Mobile \_\_\_\_\_

Doctor's name \_\_\_\_\_ Doctor's phone \_\_\_\_\_

Age group (please circle) 15-19 20-24 25-34 34-44 45-54 55-65 65+ \_\_\_\_\_

Sex M/F Country of birth \_\_\_\_\_ Languages spoken \_\_\_\_\_

Available for volunteer work (please circle) Day Evening Weekend \_\_\_\_\_

Are you available for volunteer work at short notice? Yes/No \_\_\_\_\_

What are your current interests and hobbies? \_\_\_\_\_

What special skills/attributes could you contribute to ECA? \_\_\_\_\_

