

**Volunteer Citizen Advocate Application Form**

Date.....

**Personal Details**

Name:..... Date of Birth:.....

Address:.....

..... State:.....

Postcode.....

**Municipality:**

Boroondara      Monash      Manningham      Whitehorse      Maroondah

Other

Work Phone:.....

Home phone:..... Mobile:.....

E-mail address:.....

Emergency contact:

Contact name:.....

Relationship:.....

Phone numbers:.....

Do you speak any languages other than English?

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How did you hear about Melbourne East Disability Advocacy (MEDA)?

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**Occupation**

Occupation:.....

Qualifications:

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.....

Involvement in previous or current voluntary experience yes/no. If yes, please specify

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Any other experiences or skills, which would assist you in the volunteer citizen advocacy role

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Other skills or interests:

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**Employment History (past 10 years):**

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**Advocacy**

Awareness or experience with disability or advocacy:

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People for whom you might find it difficult to advocate and would therefore, prefer not to be partnered with (an example of this may be people with little, no or indistinct speech or people who use a wheelchair for mobility)

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Please provide any other information you feel is relevant

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Please circle your response to the following:

Drivers licence: yes/no                      Own car: yes/no

Do you have fully comprehensive car insurance: yes/no

Availability:

Any preferences for days of the week?

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Mornings/afternoons/nights/anytime (Please circle)

**Referees**

\*\* Please be advised that volunteer citizen advocates are required to undergo a National Police and individual reference check,

(Please provide referees with whom you have or had regular contact with over the past five years)

**Professional**

Name:.....

Address:.....

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Phone:.....

Relationship:.....

**Personal**

Name:.....

Address:.....

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Phone:.....

Relationship:.....

Thank you for your time