



## ME/CFS Australia (Victoria)

Office: Suite 5, 106 Foster Street, Dandenong VIC 3175

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Office: (03) 9791 3100

Email: admin@mecfs-vic.org.au

Support: (03) 9791 2199

Website: www.mecfs-vic.org.au

# Volunteer Application Form 2010

### Contact Details

Mr Ms Given name(s): \_\_\_\_\_

Mrs Miss Surname: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ Post code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (B/M) \_\_\_\_\_ Date of birth: \_\_\_\_\_

Email address: \_\_\_\_\_

### Personal Details

Do you personally have ME/CFS? Yes  No

Are you a member of ME/CFS Australia (Victoria)? Yes  No

Are you/have you been a carer of someone with ME/CFS? Yes  No

Are you/have you been a health care professional? Yes  No

What is your occupation (past or present)? \_\_\_\_\_

Have you worked as a volunteer for ME/CFS Australia (Victoria) previously? Yes  No

If yes, in what year/s? \_\_\_\_\_ What was your role? \_\_\_\_\_

### Relevant Experience

#### What experience and skills do you have that could be of benefit to ME/CFS Australia (Victoria)?

(Eg. Administration, information technology, marketing, graphic design, research, providing phone support, caring, advocacy skills, writing skills, listening skills, home handy person, journalism etc.)

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#### Do you have any specific skills or interests that you would like to develop while volunteering?

(Eg. Develop computer knowledge, talk to others with ME/CFS, increase job-readiness, etc.)

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**Areas of Interest**

**In which areas of ME/CFS Australia (Victoria) are you most interested in volunteering?**

- |   |   |
|---|---|
| <input type="checkbox"/> General office administration            | <input type="checkbox"/> Fundraising                                |
| <input type="checkbox"/> Answering Support Line calls             | <input type="checkbox"/> Typing/editing/desktop publishing          |
| <input type="checkbox"/> Talking to community groups about ME/CFS | <input type="checkbox"/> Creating or editing spreadsheets/databases |
| <input type="checkbox"/> Staffing stalls at conferences/displays  | <input type="checkbox"/> Research (library or internet-based)       |
| <input type="checkbox"/> Family visitor/peer buddy in local area  | <input type="checkbox"/> Home handy-person                          |
| <input type="checkbox"/> Writing                                  | Advocating for members in:  |
| <input type="checkbox"/> Publicity                                | <input type="checkbox"/> A school environment                       |
| <input type="checkbox"/> Driving                                  | <input type="checkbox"/> A work environment                         |

Other (Please Specify): \_\_\_\_\_

**Please tell us briefly why you would like to volunteer with ME/CFS Australia (Victoria):**

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**Availability**

**Please indicate the days/times you are able/willing to volunteer:**

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**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Please attach your CV and/or any other documentation you think may be relevant.  
An interview and training program will be undertaken before commencing as a volunteer.**

**Please note:** 'Police Checks' are mandatory for all who undertake volunteer work at ME/CFS Australia (Victoria), as are 'Working with Children Checks' for those undertaking volunteer work with those aged under 18.

Office Use Only			
Commencement Date:	Review Date:	Police Check:	WWCC:
Notes:			