



ME/CFS Australia (Victoria)

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VOLUNTEER APPLICATION FORM 2009

Contact Details

Mr	Ms	Surname:	Given name (s):
Mrs	Miss		
Address:			
Suburb:			Post code:
Phone (H):	(B):	(M):	Date of birth:
Email address:			

Personal Details

Do you personally have ME/CFS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a member of ME/CFS Australia (Victoria)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you/have you been a carer of someone with ME/CFS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you/have you been a health care professional?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your occupation (past or present)?	
Have you worked as a volunteer for ME/CFS Australia (Victoria) previously?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, in what year/s?	What was your role?

Relevant Experience

What experience and skills do you have that could be utilised by ME/CFS Australia (Victoria)?
(Eg. Administration, information technology, marketing, graphic design, research, providing phone support, caring, advocacy skills, writing skills, listening skills, home handy man, journalism etc.)
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 skills, etc.)

Areas of Interest

In which areas of ME/CFS Australia (Victoria) are you most interested in volunteering?	
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 <input type="checkbox"/>	Research (library or internet-based) <input type="checkbox"/>
Family visitor/peer buddy in local area <input type="checkbox"/>	Advocating for members in:
Writing <input type="checkbox"/>	A school environment <input type="checkbox"/>
Publicity <input type="checkbox"/>	A work environment <input type="checkbox"/>
Driving <input type="checkbox"/>	Home handy-person <input type="checkbox"/>
Other (Please Specify):	
Please tell us briefly why you would like to volunteer with ME/CFS Australia (Victoria):	

Availability

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

Date:	Signature:
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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:			