# MERCY HOUSE OF WELCOME

KILBURN SOUTH AUSTRALIA

## **Application:**

**Volunteer Mercy House of Welcome** 

Name:	Date:		
Gender:  Male  Female Country	of birth:		
Address:			
	State:	Postcode:	
Phone (home): ( )	Phone (work):		
Fax: ( )			
E-mail:			
Driver's Licence: 🗆 Yes 🗆 No	Own Car: 🗆 Yes 🛛	□ No	
First Language:			
Other Languages (please indicate fluency):			
1	Excellent	□ Average	🗆 Basic
2	Excellent	□ Average	🗆 Basic
Are you currently:			
□ Student □ Retired □ Unemployed □ Home dutie	s $\Box$ Employed part-time $\Box$	Other:	
Previous volunteer experience (if any). Give details of previou	s volunteer position, organisation,	and length of time you	u were there:

Do you have a health/medical condition that could affect your role as a Mercy House of

Welcome volunteer?

□ No □ Yes (if yes, please give details)

#### Time availability:

The time commitment required is a minimum three hours per week for one year (please indicate the day and time you are available).

□ Monday:	9.30 - 12.30	□ 1.30 - 4.30
□ Tuesday:	□ 9.30 - 12.30	□ 1.30 - 4.30
$\Box$ Wednesday:	□ 9.30 - 12.30	□ 1.30 - 4.30
□ Thursday:	9.30 - 12.30	□ 1.30 - 4.30

Indicate below why you would like to volunteer with the Mercy Works, Mercy House of Welcome Project (continue on a separate sheet if necessary).

What are the skills and/or attributes you can bring to this volunteering position?

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

)\_\_\_\_\_ Phone: ( )\_\_\_\_\_

Provide the names of two referees (preferably professional):

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

Organisation: \_\_\_\_\_ Organisation: \_\_\_\_\_

Address: \_\_\_\_

Phone: (

How did you learn about the position?

### Please post or email this application form to:

Mercy House of Welcome Co-ordinator PO Box 258 Prospect SA 5082 Phone: 0434 450 666 Email: mhw@mercy.org.au





SISTERS OF MERCY IN AUSTRALIA & PAPUA NEW GUINEA

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## A Project of Mercy Works