

# 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: ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_

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 duties  Employed part-time  Other: \_\_\_\_\_

Previous volunteer experience (if any). Give details of previous volunteer position, organisation, and length of time you were there:

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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

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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provide the names of two referees (preferably professional):

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

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

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

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

How did you learn about the position? \_\_\_\_\_

\_\_\_\_\_

**Please post or email this application form to the contact in your state:**

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

**A project of  
Mercy Works**



**MercyWorks**

SISTERS OF MERCY  
OF AUSTRALIA & PAPUA NEW GUINEA

**CONTACT US:**

1 Thomas Street,  
Lewisham NSW 2049

*IN THE LAND OF THE EORA PEOPLE*

Telephone: +61 (0) 2 9564 1911

Facsimile: +61 (0) 2 9550 9683

Email: [mercyworks@mercy.org.au](mailto:mercyworks@mercy.org.au)

Website: [www.mercyworks.org.au](http://www.mercyworks.org.au)

Mercy Works Ltd ABN: 37 147 042 466

