



Merri Health

Healthcare that moves with you

Title of Form:	Disability Volunteer Services – Initial Enquiry Form		
Name		Date	
Phone		Email	

1. What do you know about Merri Health and the services we provide?

2. Do you have any previous volunteering experience?

3. Why do you think you are a good fit for the Merri Mates pilot program?

4. What motivates you to volunteer?

5. What are some of your interests and skills that you would like to share with your Merri Mate participant?

6. Name three cheap or free activities that you would like to share with your Merri Mate participant.



Merri Health

Healthcare that moves with you

7. Do you speak any other languages?

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8. What is your availability to volunteer?

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
Morning (8.30 am -12 am)					
Afternoon (12 pm – 3.30 pm)					
Early evening (3.30 pm – 6.30 pm)					

Thanks for taking the time to fill out this form. Please send this form to volunteer@merrihhealth.org.au with a copy of your resume.

Once we receive this form, the Volunteer Coordinator will call you for a phone screening to chat about your

We look forward to hearing from you!