

THE FOLLOWING INFORMATION IS CONFIDENTIAL
AND VIEWED ONLY BY ANKALI STAFF



Given Names:	<input type="text"/>	Family Name:	<input type="text"/>
Preferred Name:	<input type="text"/>		
Address:	<input type="text"/>		
Suburb:	<input type="text"/>	Postcode:	<input type="text"/>
Home:	Work:	<input type="text"/>	Mobile:
<input type="text"/>	<input type="text"/>		
Email:	<input type="text"/>		
Date of Birth:	<input type="text"/>	Gender:	<input type="text"/>
Age:	<input type="text"/>		
How do you identify your sexuality? (i.e., gay, lesbian, heterosexual, etc)?	<input type="text"/>		
Occupation:	<input type="text"/>	Full-time	<input type="checkbox"/>
		Part-time	<input type="checkbox"/>
Are you currently studying?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Where? <input type="text"/>
Name of Course:	<input type="text"/>		
How did you hear about the Ankali Project?	<input type="text"/>		
Have you been a volunteer before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Where? <input type="text"/>
In what capacity?	<input type="text"/>	How long were you a volunteer?	<input type="text"/>
Do you have access to a car?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	First Language? <input type="text"/>
Other Languages (including sign language):	<input type="text"/>		
Interests / hobbies:	<input type="text"/>		

In a minimum of one page (you may write more than one page), please tell us why you want to be an emotional support volunteer. Please cover the following points.

- Why do you want to volunteer with the Ankali Project?
- What are your feelings about HIV?
- Do you have any personal experience with illness and what was the effect this had on you?
- Do you have any personal experience with grief?
- What kinds of clients do you anticipate would be the most difficult to work with and why (e.g. clients with alcohol and other drug issues; clients with mental illness; etc.)?
- What is the source of emotional support in your life?
- Do you have a spiritual/religious background, or beliefs and practices?
- What are your feelings about a six month commitment?
- What would you like to gain from being an Ankali Volunteer?
- Anything else you want us to know.

Signature:	<input type="text"/>	Date:	<input type="text"/>
------------	----------------------	-------	----------------------

Please return your completed application to: ankali@thealbioncentre.org.au or

Ankali Project
150 Albion St
Surry Hills NSW 2010