

COTA Visitors

Community Visitors Scheme (CVS) Supplementary Volunteer Application Form

This additional form asks information below, in order to determine your suitability as a COTA Visitor, and to assist us to appropriately match you to one or more CVS Recipients. Please include any information which could be of interest to the CVS Recipient. The information you provide will be retained confidentially at COTA SA. See COTA SA's Privacy Policy for more information.

Name: _____

Would you like to visit an individual in their own home an individual in an Aged Care Home
 a small group in an Aged Care Home

Would you like to visit one friend only more than 1 friend (please specify) _____

In your local council area only: _____, or in other areas (please specify what areas you are willing to travel to) _____

Would you like to visit weekly fortnightly

When are you available to visit? (please circle)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM

Or list specific times you are available: _____

Can you speak, read and write in English? (please circle)

Speak	Fluent	Basic	Not at all
Read	Fluent	Basic	Not at all
Write	Fluent	Basic	Not at all

Can you speak, read and write in any other languages? (specify) _____

Speak	Fluent	Basic	Not at all
Read	Fluent	Basic	Not at all
Write	Fluent	Basic	Not at all

Your life experiences and cultural background (e.g. Cultural heritage, childhood, family, education, employment history, travel) _____

Your hobbies and interests (e.g. music, reading, current affairs, craft, games, puzzles, activities, food, entertainment, technology) _____

Please list any preferences you have for being matched and visiting (for example gender, language, culture, preference for talking or listening, reading, etc.) _____

