

**Rembrandt Court Offices**  
1 Madras Street  
Oaklands Park SA 5046

**Home Care Hub**  
21 Greenfields Drive  
Greenfields SA 5107

T: (08) 8198 0300  
F: (08) 8296 3699

info@rembrandtliving.org.au  
www.rembrandtliving.org.au



## Volunteer Application Form

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

Date of Birth: \_\_\_\_\_

Contact number (Ph): \_\_\_\_\_ (m) \_\_\_\_\_

Police check Due date: \_\_\_\_\_

Emergency contact name & number: \_\_\_\_\_

Email: \_\_\_\_\_

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

How did you hear about Rembrandt Living?

\_\_\_\_\_  
\_\_\_\_\_

The Days and time you would like to volunteer?

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

What would you like to get out of your experience as a volunteer at Rembrandt living?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What would you like to be involved in when you volunteer at Rembrandt?**

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**Working in Aged Care is a lot fun and you bring joy to many people but at times it can be very stressful and extremely emotional for Volunteers. Below are some questions that we would like you to fill out. These questions will help us get to know you and how we can better support you in your role as a volunteer at Rembrandt.**

**What are your past working experiences?**

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**Have you volunteered before, if yes in what area?**

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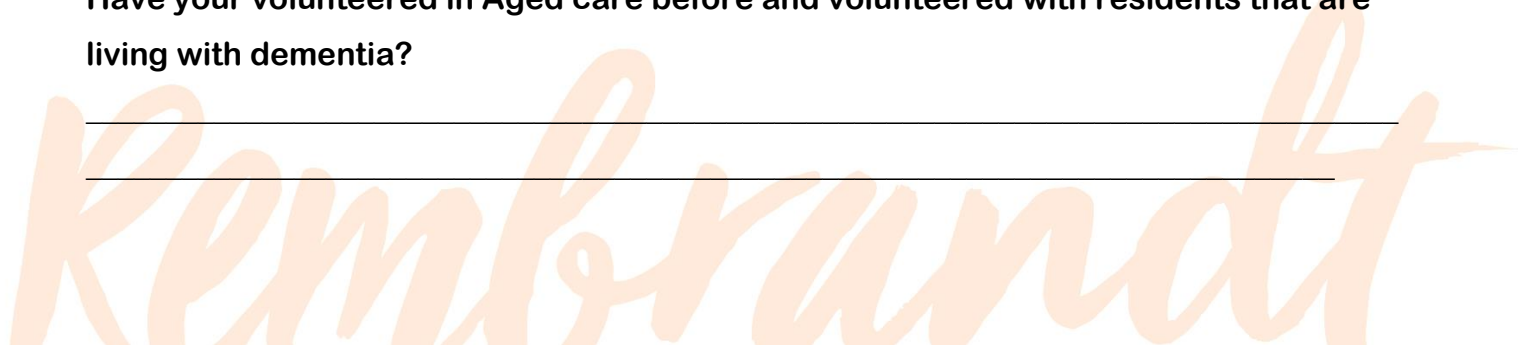
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**Have you volunteered in Aged care before and volunteered with residents that are living with dementia?**

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Volunteer coordinator Signature : \_\_\_\_\_

Volunteer signature : \_\_\_\_\_

Date: \_\_\_\_\_

**Nicoline Hermans - Volunteer Coordinator**

Rembrandt