



Golden Retriever Club of South Australia Inc



The Community Visitors Scheme (CVS), funded by the Australian Government



**CARING CANINE COMPANIONS**

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Welland SA 5007

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## NEW VISITOR APPLICATION AND PROFILE

NAME: (Title – Dr/Mr/Mrs/Ms/Miss)	
ADDRESS	
POST CODE	
TELEPHONE: (Home)	(Mobile)
E-MAIL	

*(Please ensure this is legible – ensure any underscores are shown)*

DO YOU HAVE TRANSPORT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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DO YOU HAVE A SOUTH AUSTRALIAN POLICE CHECK?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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HAVE YOU BEEN A CITIZEN OR PERMANENT RESIDENT OF ANOTHER COUNTRY SINCE TURNING 16 YEARS OF AGE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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HOW FAR ARE YOU PREPARED TO TRAVEL?	Kms
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HAVE YOU PREVIOUSLY UNDERTAKEN VOLUNTEER WORK?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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IF YES - WHERE & WHAT KIND?

HOW OFTEN ARE YOU WILLING TO VISIT?	WEEKLY? <input type="checkbox"/>	FORTNIGHTLY? <input type="checkbox"/>
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WHICH DAYS OF THE WEEK SUIT YOU BEST?
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MORNING OR AFTERNOON?
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*(Visits are usually for a maximum of one hour's duration)*

DO YOU HAVE AN AGED CARE FACILITY IN MIND THAT YOU WOULD LIKE TO VISIT?
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DO YOU HAVE ANY LIMITATIONS TO VOLUNTEERING? (e.g. health, work, family, commitments, study, etc.)
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<b>DO YOU SPEAK ANY FOREIGN LANGUAGES</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>IF YES, PLEASE LIST</b>		

<b>WHAT CONTACT HAVE YOU HAD WITH AGED PEOPLE?</b>
<b>HAVE YOU HAD ANY ASSOCIATION WITH AGED CARE RESIDENTIAL NURSING HOMES?</b>
<b>WHERE DID YOU LEARN ABOUT OUR ORGANISATION?</b>

**YOUR CANINE COMPANION/s**

<b>NAME/s:</b>		
<b>BREED/s:</b>		
<b>DATE/s OF BIRTH:</b>		
<b>MICROCHIP NUMER/s:</b>		
<i>Please note that if your dog is under 12mths or over 10 years you will not be eligible to visit</i>		
<b>OBEDIENCE TRAINED?</b>	YES <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
	<b>LEVEL</b>	
<b>IS YOUR DOG SOCIAL?</b>	YES <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>IS IT INTERACTIVE WITH PEOPLE AND LIKES ATTENTION?</b>	YES <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>IS YOUR DOG COMFORTABLE WITH STRANGERS?</b>	YES <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>IS YOUR DOG COMFORTABLE IN NEW AREAS?</b>	YES <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>HAS YOUR DOG SHOWN ANY AGGRESSION TO HUMANS IN THE PAST OR PRESENT?</b>	YES <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>HAS YOUR DOG SHOWN ANY AGGRESSION TO OTHER ANIMALS?</b>	YES <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>IF YES, WHAT ANIMAL?</b>		
<b>IS YOUR DOG TOLERANT OF CHILDREN?</b>	YES <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>DOES YOUR DOG JUMP UP ON PEOPLE?</b>	YES <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>IS YOUR DOG MOUTHY AND PRONE TO PLAY BITING?</b>	YES <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>DOES YOUR DOG HAVE ANY CURRENT MEDICAL ISSUES?</b>	YES <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>IF YES PLEASE EXPLAIN (it may be necessary for you to get a clearance from your Vet)</b>		
<b>ANY OTHER COMMENTS?</b>		

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Your interest in CARING CANINE COMPANIONS - (Community Visitors Scheme) is very much appreciated by the GOLDEN RETRIEVER CLUB of SA. Inc. It is important that your volunteer work for the club be an enjoyable experience. The questions we have asked will assist us to ensure your contribution will be the most suitable and rewarding for all concerned.