

# Volunteer Visitor Program

Discover new friendships today!

Connect with a like-minded Volunteer Visitor in your local community.



**Are you over 65 receiving or approved for a home care funding package? Or are you living in residential aged care?**

**Do you live in the Brisbane or the Caboolture regions?**

**Are you spending more time alone than you would like?**

If you answered yes, you may be eligible for our free service that matches you with a Volunteer Visitor who understands that companionship is essential to living, thriving, and ageing well.

If you're interested in making new friendships, contact us today to confirm your eligibility for our Australian government-funded Aged Care Volunteer Visitors Scheme.

Please complete this referral form, and we will be in contact with you as soon as possible to discuss further.

Volunteer Visitors are placed when a match becomes available. They assist with making social connections but do not provide any personal care, transportation, or outings within the community.

Please return this form to:

**Postal address:**

Wesley Mission Queensland  
Volunteer Visitors Program – Volunteer Relations  
Wheller Gardens, 930 Gympie Road Chermside 4032

**Email address:**

ACWVS@wmq.org.au

**Call us:**

1800 448 448



*Interested in volunteering?  
Scan to learn more:*



# Volunteer Visitor Referral Form

## How would you like to connect with us:

- I am an applicant interested in having a Volunteer Visitor meet with me on a regular basis.
- I am a representative of the applicant and completing this on their behalf.

## Applicant's details

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Year of birth: \_\_\_\_\_

## Tell us briefly why you would like to have a Volunteer Visitor:

Please also outline any hobbies, interests, or general things the resident likes to do or discuss that may help us match them with a Volunteer Visitor.

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## Is there any information you feel we should know about that will assist us in finding the right Volunteer Visitor for you?

For example, are there any concerns about mobility, hearing, eyesight, speech, fine motor skills, dementia, or cognitive ability? Are there any language or communication barriers? Would they prefer to be visited by a Volunteer Visitor of a particular gender? Are they open to visits by Volunteer Visitors with pets (e.g. a pet dog)?

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## What days and time best suit you for a Volunteer Visitor?

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## Representative's details

If you completed this form on behalf of the applicant, please provide the following details:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Your relationship to the applicant: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please return this form to:

<b>Postal address:</b> Wesley Mission Queensland Volunteer Visitors Program – Volunteer Relations Wheller Gardens, 930 Gympie Road Chermside 4032	<b>Email address:</b> ACWVS@wmq.org.au	<b>Call us:</b> 1800 448 448
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By submitting this form, you acknowledge that the applicant and/or the representative have consented to a member of Wesley Mission Queensland's Volunteer Visitor Team contacting you to complete an Aged Care Volunteer Visitor Scheme referral. To view how Wesley Mission Queensland collects, uses, and discloses personal information in accordance with our Privacy Policy, please visit [www.wmq.org.au/privacy-policy](http://www.wmq.org.au/privacy-policy).