

VOLUNTEER APPLICATION FORM				
Surname:	F	irst Name:		
Address:		-		
State:	F	ostcode:		
Date of Birth:				
Home Phone:	Λ	lobile Phone:		
Email Address:				

SKILLS AND INTEREST								
Occupation/ Background								
Name of current employer								
Education/Qualifications								
Special Skills:	Computer skills			Telephone			🗆 Public	speaking
	□ Admins	skills		□ Retail			🗆 Other	(please list)
Other languages you speak, if any								
Previous volunteering experience (if applicable)								
Availability (please note, these shifts are flexible to suit your needs)	Mon	Tue	w	ed	Thu	Fri	Sat	Sun
Early Morning (6-9.30am)						_	_	
Morning (9.30-1.30pm)								
Afternoon (1.30pm-4.30pm)								
Evening (4.30-7.30pm)								
PLEASE TICK YOUR PREFERENCES	FOR VOLU	NTEERING RI	ESP	ONSIBIL	ITIES (ticl	k as many as	s apply)	
 Concierge & Wayfinding Meet and greet the public Help visitors find their way by providing information & directions Participating in patient transfer activities Help patients use computer systems Participate in community open days, events & campaigns 			 Ward Helper Support patients in various wards Escorting patients Companionship/reading/serving refreshments Support staff with non-clinical tasks Assisting with patient feedback 					
Bookings & Admission Chaperon			Emergency Department Support					
 Meet and greet the public Help patients to surgery 			 Meet and greet the public Help patients and families navigate the ED triage system Support patients and staff 					
 Day of Surgery & Recovery Support Assist patients prior to and after surgery Escorting patients Support staff with non-clinical tasks 								
 Grandparent Program * Support patients and parents in children's ward Companionship/reading/serving refreshments Supervise child when parents need a break Wardsperson Support * Support wards teams to chaperone patients Run errands across the hospital 			e patients					
 Student Volunteer Program Support patients and staff in non-clinical duties across the hospital (on rotation or placed according to career interest) 			Other – Do you have a special skill? We are always looking for help in areas like events and admin.					



EMERGENCY CONTACT DETAILS			
Name:	Phone Number:		
Address:			
State/Postcode:	Relationship:		

REFEREES (Please provide details of two referees that you consent for us to contact)			
Name:	Name:		
Address:	Address:		
Relationship:	Relationship:		
Phone No(s):	Phone No(s):		

DECLARATION OF ACCURACY OF INFORMATION

I confirm that the information provided in this application is, to the best of my knowledge, true and complete. I acknowledge that anyfalse statement may be sufficient cause for rejection. I agree that my personal contact information may be used in a personal emergency as necessary.

DECLARATION OF CONFIDENTIALITY

All personal information about any patient and their family/friends, gained from my work as a volunteer with				
Healthscope will remainbetween me, the patient and/or family/friends and the team to which I am				
attached.				

Applicant signature:	Date:	
Applicant print name:	Date:	

Other Requirements:

- Police Check and Working With Children Checks are required for all volunteers over 18. This should be provided by first shift.
- Immunisation records must be provided on first shift.
- Volunteers will be required to attend induction and complete training as necessary.
- All volunteers will be assessed for their suitability for certain wards

Benefits

- All volunteers receive uniforms, free parking and a café voucher for each shift worked.
- * Specialised role suitable for pre-screened and trained volunteers or for students training in certain areas of healthcare.