Echuca Regional Health

Volunteer Application Form

Name: Mr/Mrs/Ms/Miss Date of Birth ……

First Name …….. Last Name……..…..

Address:……. Home Ph:……....

…….. Mobile:…….

E-mail:……. Drivers Licence No:……..……

Languages Spoken:……..

Are you of Aboriginal or Torres Strait Island descent? Yes/No

Emergency Contact Name:……. Phone:…….(h) (w)

Summary of skills, interests, previous training/education and experience (in any area e.g. Arts/craft, cooking, exercise, gardening, musical talents). Please attach extra page if required ……..

Do you have any medical conditions that may impact your volunteering?.....

……

Preferred days/times volunteering: ……..…….....

Are you available at other times? ……..

Would you like to interact with patients/residents?.....

Are you hoping for this to be an ongoing role, or for a specified period?

.....

What do you hope to achieve in your volunteer role? ……..

……..

What has attracted you to volunteering with Echuca Regional Health?

……..

What skills do you have that can assist us in achieving our Values and Vision: Collaboration, Accountability, Respect and Excellence?

……..

Are you interested in developing further skills in any particular areas?

……..

Have you been a volunteer before? If yes, where? ……

……

Have you had any involvement with Echuca Regional Health? If so, in what capacity - ……..

Where did you hear about the position? ……

Are you applying for a specific volunteer vacancy? If yes, please list.

……..

Echuca Regional Health

Please mark (in order of preference (1 to 6) the area(s) of most interest to you-

Glanville Village ☐ Emergency Department ☐

Gift Shop/Kiosk Trolley ☐ General Ward/Rehab ☐

Other (please specify) Fleet Car Program ☐

…… Concierge ☐

…… Administration/ Day Surgery ☐

Would you like to be contacted for:

☐ Promotions and publicity events ☐ Occasional administrative projects

☐ ☐

Other volunteer vacancies Fundraising activities

Please nominate two (2) referees (<u>not relatives</u>).
Please request referees' permission to be named:

Name:……..

Ph:…… (h) (w) Relationship:…….

Name:……..

Ph:…… (h) (w) Relationship:…….

I have reviewed Echuca Regional Health's code of ethics and confidentiality policy, and am willing to commit to these in my volunteering work. I agree to maintain confidentiality at all times.

Signature:……. Date:……

Privacy and your personal information:

The information that you provide to us on this form is collected by Echuca Regional Health to facilitate the volunteer placement process within our organization. If you do not provide us with the information requested we may not be able to place you as a volunteer. Your information will be held confidential and secure, and will not be disclosed to any other organization or agency without your consent. It may be disclosed to relevant departments within the hospital for your placement purposes only. You may gain access to the information with 14 days notice by written request to the Chief Executive Officer.

<u>Office Use Only</u>

Program / Site: ……..

Date Police Cert received / / Date info session completed: / /

Commencement date : / / Initial Review date: / /

Recommendations re: placement:……..

……..