



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 eg. 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?

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

What do you hope to achieve through volunteering?

What has attracted you to volunteering with Echuca Regional Health?

What could you bring to the hospital to help us achieve our values and vision?

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.

.....



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

- | | | | |
|-------------------------|--------------------------|-----------------------------|--------------------------|
| Glanville Village | <input type="checkbox"/> | Emergency Department | <input type="checkbox"/> |
| Gift Shop/Kiosk Trolley | <input type="checkbox"/> | General Ward/Rehab | <input type="checkbox"/> |
| Other (please specify) | | Fleet Car Program | <input type="checkbox"/> |
| | | Concierge | <input type="checkbox"/> |
| | | Administration/ Day Surgery | <input type="checkbox"/> |

Would you like to be contacted for:

- | | |
|--|---|
| <input type="checkbox"/> Promotions and publicity events | <input type="checkbox"/> Occasional administrative projects |
| <input type="checkbox"/> Other volunteer vacancies | <input type="checkbox"/> Fundraising activities |

**Please nominate two (2) referees (not relatives).
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.

Office Use Only

Program / Site:

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

Commencement date : / / Initial Review date: / /

Recommendations re: placement:.....



Echuca Regional Health