

Volunteer Application Form

PRIVACY STATEMENT

All information collected is considered strictly confidential and will be stored on the QEII Jubilee Hospital Volunteer Services Unit database. No identifiable information will be given to outside parties. This information will be used for the purpose of managing QEII Jubilee Hospital Volunteer Services only.

Personal details

Title: _____ First Name: _____ Surname: _____

Address: _____

Postcode: _____ Date of Birth: _____

Phone: (Home) _____ (Mobile) _____

Email Address: _____

Emergency contact details

Please provide the names and phone numbers of two people who we can contact in the event of an emergency:

Name: _____

Relationship (eg spouse, mother etc): _____

Phone: (Home) _____ (Mobile) _____

Name: _____

Relationship (eg spouse, mother etc) _____

Phone: (Home) _____ (Mobile) _____

Please indicate if you are a member of any of the following groups (please tick):

- People with disability
 Aboriginal and/or Torres Strait Islander
 Women
- People from a non-English speaking background (culturally and linguistically diverse)
- Australian South Sea Islander

Have you had any previous volunteer experience? If yes, please state where and nature of work.

Do you speak a language other than English? _____

In a few words please write why you would like to become a volunteer and list any special interest and skills that you could bring to the services: _____

Do you have any health problems or disabilities that could affect your role as a Volunteer? _____

(The QEII Jubilee Hospital is an equal opportunity employer and information you share is kept strictly confidential. If you answered "yes" to the above please give more details so we can best support you in your volunteer role).

How did you hear about the volunteer services at QEII Jubilee Hospital? _____

Volunteer group

Please tick which group/s interest you (able to commit to at least one shift for >3 months. Shift hours are negotiable at time of interview)

- Emergency Support Services Red Cross Tzu Chi
- Meet & Greet Sunbeams Other
- Petals

Availability

Please tick which day/s and the frequency of your availability:

	Monday	Tuesday	Wednesday	Thursday	Friday
Time Please circle	AM or PM	AM or PM	AM or PM	AM or PM	AM or PM

Frequency: Weekly Fortnightly Monthly

SMILE

SMILE Project - supporting and motivating increased levels of eating project
(able to commit to at least one shift 11:30am – 2pm for >3 months)

Please Circle: **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

When you are invited to have an interview with the Volunteer Co-ordinator, you will be required to bring along with you 100 points of identification in order to conduct an employment screening check.

<i>Passport</i>	<i>70 points</i>	<i>Birth Certificate</i>	<i>70 points</i>
<i>Drivers licence</i>	<i>70 points</i>	<i>Rates Notice</i>	<i>35 points</i>
<i>Medicare Card</i>	<i>30 points</i>	<i>Debit/Bank Cards</i>	<i>25 points</i>

Professional & character referees

Please provide details for two referees from whom confidential reports may be obtained to support your application – one professional and one character. The professional should be either a manager or colleague who has worked with you directly. The character referee may be another person (*apart from a spouse/partner or relative*), who has known you personally for at least two years. If your application is successful, your referees *will* be contacted.

Please advise them of this prior to submitting your application to avoid any confusion.

Professional Referee (other than a family member)

Name: _____ Organisation: _____
Position Title: _____ Contact Number: _____
Relationship to you: _____

Character Referee (other than a family member)

Name: _____ Organisation: _____
Position Title: _____ Contact Number: _____
Relationship to you: _____

DECLARATION

I declare that the information I have given is true and accurate and understand that on acceptance to the Service I will read the handbook provided and agree to abide by the roles of the Service and the regulations of Metro South Health and the QEII Jubilee Hospital. I agree to sign an authority form for a criminal history record check. I agree to provide vaccine preventable diseases evidence as required. I am prepared to undertake mandatory training as required.

SIGNATURE _____ **Date** ____/____/____

Email: Volunteering_QE2@health.qld.gov.au

Do you have the right aptitude to be a QEII Jubilee Hospital volunteer?

The QEII Jubilee Hospital is an equal opportunity employer and all volunteer applications will be treated equally. Volunteers must possess the ability to gain an understanding of, and adhere to, the Metro South Health Services Code of Conduct, Policies and Procedures

The following are a list of aptitudes that our volunteers have identified as appropriate for their voluntary work. As a self-assessment tool please indicate by ticking (✓) the relevant box as a guide to your suitability for voluntary work within the QEII Jubilee Hospital.

- A team player but able to work autonomously when required.
- Excellent presentation and personal hygiene.
- Good communication skills.
- Willingness to attend mandatory training as required, including orientation before becoming part of the team.
- Reliable and committed to shift / roster attendance.
- Willing to work with people from a diverse range of backgrounds.
- A willingness to be supportive and helpful within the workplace - to patients, visitors, staff and other members of the team.
- Understanding that some work may appear repetitive but as a team member when allocated tasks it is important that these are completed effectively and efficiently. Wherever possible these tasks will be shared around the team.
- Ability to adhere to the Metro South Health Services Code of Conduct.
- Ability to maintain and respect, privacy and confidentiality.
- Ability to maintain professional boundaries.
- Independently able to follow hospital emergency procedures.
- Independently able to work within workplace health & safety policies and guidelines.

