

VOLUNTEER APPLICATION



Surname: _____ First name _____ Preferred first name _____

Address: _____

Date of Birth: _____ Birthplace: Town/City/State/Country _____

Home Phone Number : _____ Mobile: _____

Email address: _____

Emergency contact person:

Name: _____ Relationship: _____

Contact Number: _____

Can you speak/write in another language? *If so please provide details:* _____

Please circle your current employment status:

Work Initiative / Centrelink	Employed Part-time	Employed Full-time
Seeking Employment	Work Cover	Unemployed
Retired	Home Duties	Student

Give short details of work history and any qualifications:

Have you volunteered before? – *please provide details:*

Organisation: _____ **Period of time:** _____

Position: _____

Duties Performed: _____

Burnside Hospital offers a number of volunteer opportunities, please circle below areas that are of interest to you. *Acceptance will be subject to vacancies.*

Café Otto Courtesy Desk Oncology Support Administration Ward Support Gardening

Please list any relevant interests or particular skills that you have:

Are you willing to undertake relevant training necessary for you to carry out your volunteer role? YES / NO

I am willing to commit to the Burnside Hospital for a period of: *(please circle your preference)*

12 months ongoing

Shifts are usually offered on a weekly basis. Please tick days you may be available and give approximate times

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						

Would you consider being contacted to relieve from time to time during other volunteers' absences? YES / NO

Please list two referees. *(The referees must be someone you have known longer than two years in a work or professional environment, not be family members).* Both referees will be contacted.

Name: _____ Relationship: _____

Telephone: (home) _____ Telephone: work) _____

Name: _____ Relationship: _____

Telephone: (home) _____ Telephone: work) _____

I understand that prior to being accepted for any volunteer position, I must provide a mandatory National Police Certificate/Criminal History Check that is less than 12 months old. YES / NO

Do you have a medical condition that we should be aware of? *e.g. diabetes, epilepsy, asthma* YES / NO

If yes please provide details required should assistance be required

Do you have a disability that could limit the range of work you can undertake, or for which you may require extra support? YES / NO *If yes, please provide details.*

Is there any other information you would like to provide:

How did you find out about the Burnside Hospital's volunteers? *(please circle)*

Volunteering SA&NT website Burnside Hospital website Referred by volunteer/patient/visitor

Application Declaration

I.....(*full legal name*) declare that the information given in this application is true and correct.

- I acknowledge that any false or misleading information may lead to my application being rejected or any subsequent approval revoked.
- I agree that I will be required to obtain a satisfactory National Police Certificate in support of this application.
- I will notify Burnside Hospital if any of my above circumstances change.
- I consent to my details relating to my volunteer work activity may be used for media and promotional causes.
- I understand and will adhere to the responsibility as a volunteer for Burnside Hospital that I will treat all information in **absolute confidence**.
- I understand that I am responsible for abiding by the relevant State and Federal regulations and in addition, obeying Burnside Hospital's Work Health and Safety Policy, Equal Opportunities Policy, and other relevant policies and procedures that relate to my designated role within the organisation.
- I agree to undertake all necessary/appropriate training sessions as designated by Burnside Hospital which may include:
 1. Orientation
 2. Manual Handling
 3. Fire and Emergency procedures
 4. Customer service training
 5. Safe food handling
 6. Infection Control
- I agree as a volunteer to be loyal to Burnside Hospital, respect its place in the community and maintain its credibility and integrity.
- I understand and agree that I will start my role at Burnside Hospital on a 6 month probation period.
- I agree to abide by Burnside Hospital's dress code standards.
- I agree to abide by Burnside Hospital's volunteers' standards of practice.
- I agree Burnside Hospital reserves the right to refuse my application.

Applicant's Signature_Date:/...../.....