

VOLUNTEER Application

As a professional volunteer service, it will come as no surprise that we have some very clear requirements to ensure our volunteers are top notch.

To be eligible to become a volunteer at Rochester and Elmore District Health Service (REDHS), all volunteers must:

- Be 16 years or older (anyone under 18 must have parental/guardian permission)
- Undergo a National Volunteer Police Check (paid for by REDHS)
- Complete a Working with Children Check (if required for your role as a volunteer)
- Be fully Vaccinated against COVID 19 and Influenza
- Complete relevant orientation and training
- Attend ongoing information and education sessions
- Sign and agree to our Confidentiality Agreement/Code of Conduct
- Volunteer according to the REDHS values of **R**eliability, **E**ngagement, **D**iversity, **H**ospitality & **S**ustainability
- Keep us updated with any changes in availability or contact details

***Please note Section B is optional for you to complete.**

Please return completed Application to:
REDHS Volunteer Coordinator
volunteers@redhs.com.au

Section A

Please fill out the following details (circle option)

Details	
First Name	
Surname	
Prefix	Mr/Mrs/Miss/Ms
Address	
Post Code	
Date of Birth	/ /
Phone	(H) (W)
Number(s)	(M)
Emergency Contacts	Relationship: Phone:
Email Address	
Gender	Male/Female

*** Section B- OPTIONAL**

Please answer the following questions (circle option)

Are you a Torres Strait Islander?	Yes	No
Do you speak a language other than English? If yes, please specify language:.....	Yes	No
Do you have a disability?	Yes	No
Do you have a mental health issue?	Yes	No
Are you employed?	Yes	No

Section C

How did you find out about volunteering with REDHS?

Local Paper	Volunter Promotion	Friend/Relative
News Paper	Website	New to area
Via own experience with organisation	Other:.....	

Please list any previous volunteer experience:

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Section D

Note: Applicants will be required to undergo a National Police Records Check as per the Department of Human Services (DHS) Policy. DHS will be notified of any disclosable record and the nature of that record.

Have you been convicted of any offence of any nature? Yes No

If yes, please give provide details of the offence and date of the offence:

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Section E

Please give details below of anything that might affect your ability to perform the duties required or that might affect your safety or the safety of others, include:

- Any relevant medical conditions or incapacity;
- Any specific training needs;
- Any special facilities you may need;

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Note: Failure to disclose a medical condition or incapacity which may affect your ability to perform the position, or might affect your safety, or the safety of others, may be grounds for denying a future claim for compensation under the Accident Compensation Act.

Vaccination Status

(Proof of vaccination will be required)

- Fully vaccinated against COVID 19 (3 doses Minimum)
- Influenza (during winter months April- Sept)

Section E

Referees (please insert name and contact number)		
1.		Ph:
2.		Ph:

Signature of applicant Date/...../.....

Reviewed by Volunteer Coordinator Date/...../.....

Section F

What is your primary motivation for volunteering? (Please tick ONE box)

Practice English	<input type="checkbox"/>	Help others/Give back to the community	<input type="checkbox"/>
Explore/Engage in areas of interest	<input type="checkbox"/>	Personal satisfaction	<input type="checkbox"/>
Centrelink/Duke of Edinburgh Requirement	<input type="checkbox"/>	To be active/Keep busy	<input type="checkbox"/>
Social Interaction	<input type="checkbox"/>	Using skills/learning new skills	<input type="checkbox"/>
Make a difference	<input type="checkbox"/>	Gain work experience/reference	<input type="checkbox"/>

Please indicate which role you would be interested in:

Support patients and their families	<input type="checkbox"/>
Support behind the scenes	<input type="checkbox"/>
Support visitors and the members of the Public	<input type="checkbox"/>
Support Café Red	<input type="checkbox"/>
Support Administration	<input type="checkbox"/>
Support residents at meal times	<input type="checkbox"/>
Support activities with driving Car and/or Bus	<input type="checkbox"/>
Support maintenance	<input type="checkbox"/>
Support activities/lifestyle	<input type="checkbox"/>

Availability (Please circle days and times that you are available)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
Evening	Evening	Evening	Evening	Evening	Evening	Evening

Please list any relevant Qualifications, Skills and Experiences below:

	Formal Qualifications: (E.g. Diploma, Degree, Trade Certificate etc.)
	Other Training/Certification (E.g. First Aid Certificate, Advanced Driving etc.)
	Experience/Skills (E.g. Computer skills etc)

	Interests/Hobbies
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