



KOOWEERUP REGIONAL HEALTH SERVICE

Application for Volunteer

PLEASE PRINT CLEARLY

SURNAME:		FIRST NAME:	
ADDRESS:			
POSTCODE:			
EMAIL ADDRESS:			
TEL. (AH):	TEL (BH):	MOBILE:	
Do you agree to receive test messages from this organisation?		Yes <input type="checkbox"/>	No <input type="checkbox"/> (please tick)
IF NOT BORN IN AUSTRALIA, DATE OF ARRIVAL IN AUSTRALIA:			
NATIONALITY:		OTHER LANGUAGES SPOKEN:	
OCCUPATION:		DATE OF BIRTH: / /	
EMERGENCY CONTACT:		NAME:	
TEL. NO. (AH)		Tel. No. (MOBILE):	
<p>Kooweerup Regional Health Service (KRHS) recognises, supports and celebrates the diversity of the communities within which we work. KRHS is committed to providing a safe and inclusive service which welcomes people from all backgrounds, cultures, sexualities, genders and abilities.</p>			
EQUAL OPPORTUNITY DETAILS			
<p>KRHS does not discriminate on the basis of gender identity, origin, ability or expression in order to ensure we consider the needs of all our employees and track the effectiveness of our recruitment efforts, please complete the following options:</p>			
ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGINAL?		<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Not Aboriginal or Torres Strait Islander <input type="checkbox"/> Prefer not to say	
COUNTRY OF BIRTH:			
DO YOU SPEAK ANOTHER LANGUAGE OTHER THAN ENGLISH AT HOME?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify.	
ARE YOU SKILLED IN ANY OTHER LANGUAGE OTHER THAN ENGLISH INCLUDING AUSLAN? If so, please describe your fluency in these languages(s).		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify.	
ARE THERE ANY PERSONAL, CULTURAL AND/OR RELIGIOUS CONSIDERATIONS OF WHICH YOU WOULD LIKE US TO BE AWARE OF?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify.	

WHAT IS YOUR GENDER?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to self-describe:					
ARE THERE ANY WORK MODIFICATIONS THAT WOULD BE REQUIRED TO ASSIST YOU TO MEET THE INHERENT REQUIREMENTS OF THE ROLE?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify.					
<p>The information that KRHS collects from you on this form is personal information for the purposes of Privacy and Personal Information Protection Act 1988 (“the Act”). The intended recipients of this information are for delegated officers within KRHS only.</p> <p>KRIS is regarded as the Agency that holds this information.</p> <p>Enquiries concerning this matter can be addressed to KRHS on telephone (03) 59 979 679.</p>						
EXPERIENCE IN VOLUNTEERING WORK:						
TRAINING COURSES/QUALIFICATIONS:						
WOULD YOU BE INTERESTED IN CONTRIBUTING TO STAFF TRAINING ON HEALTH AND/OR CONSUMER EXPERIENCE TOPOICS RELEVANT TO YOU?						
WORK HISTORY:						
REASONS FOR VOLUNTEERING:						
AVAILABILITY AND HOURS						
<input type="checkbox"/> Monday Hours:	<input type="checkbox"/> Tuesday Hours:	<input type="checkbox"/> Wednesday Hours:	<input type="checkbox"/> Thursday Hours:	<input type="checkbox"/> Friday Hours:	<input type="checkbox"/> Saturday Hours:	<input type="checkbox"/> Sunday Hours:
FREQUENCY: <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly						
RELEVANT MEDICAL DETAILS (only if relevant to your role as a volunteer)						
LAST TETANUS INJECTION: / /			LAST FLU INJECTION: / /			
COVID VACCINATION DATE: 1 ST DOSE		2 ND DOSE		3 RD DOSE		
COVID VACCINATION CERTIFICATE SIGHTED <input type="checkbox"/> YES Volunteer Coordinator sign:						
DO YOU HAVE ASTHMA? <input type="checkbox"/> YES <input type="checkbox"/> NO						
WHAT ACTION DO YOU TAKE WHEN IT OCCURS?						

MEDICATION USED:			
PLEASE LIST ANY MEDICAL CONDITION, e.g. allergies, epilepsy, diabetes, travel sickness, heart condition:			
FAMILY DOCTOR:		TEL. NO.:	
MEDICARE NUMBER:		CONCESSION CARD NUMBER:	
AMBULANCE COVER: <input type="checkbox"/> YES <input type="checkbox"/> NO			
MEDIA CONSENT (only sign if you agree)			
I give consent that I may be photographed/videoed by Kooweerup Regional Health Service. By signing this section I understand that this media may be used in a range of publicity.			
VOLUNTEERS NAME (please print):			
SIGNED:		DATE: / /	
DOCUMENTS			
Current Driver's License	Yes <input type="checkbox"/>	Number:	Expiry Date:
Working with Children Check	Yes <input type="checkbox"/>	Number: add KRHS to this card.	Expiry Date:
Police Check (must be current within 6 mths)	Yes <input type="checkbox"/>	Number:	Issue Date:
Statutory Declaration	Yes <input type="checkbox"/>		Issue Date:
First Aid Certificate	Yes <input type="checkbox"/>	Number:	Expiry Date:
Food Handling Certificate	Yes <input type="checkbox"/>	Number:	Expiry Date:
Statutory Declaration (if applicable)	Yes <input type="checkbox"/>		
ONLY COMPLETE IF RELEVANT			
DO YOU HAVE YOUR OWN TRANSPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IS YOUR VEHICLE COMPREHENSIVELY INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU WILLING TO TRAVEL FOR TRANSPORT ASSISTANCE, IF NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PLEASE INCLUDE TO PERSONAL OR WORK REFEREES			
TWO REFEREES :			
1.	NAME:		RELATIONSHIP:
	TEL. (AH):	TEL. (BH):	MOBILE:
2.	NAME:		RELATIONSHIP:
	TEL. (AH):	TEL. (BH):	MOBILE:

IMPORTANT INFORMATION

PLEASE NOTE: All information contained on this form will be held strictly confidential. A current Victorian Police Check (valid for 3 years) and Working with Children Check (valid for 5 years) must be provided prior to commencement of volunteer role. You must also complete Induction program, successful referee recommendation and complete Statutory Declaration.

CONFIDENTIALITY AND PRIVACY STATEMENT

I agree to keep all information about patients, residents or staff at the Kooweerup Regional Health Service confidential and private whilst employed and after termination of volunteering term. I agree to abide by the Policies and Procedures as laid down in the Policy and Procedure Manuals of this Facility.

I agree to keep confidential any financial information in relation to patients/residents and the Kooweerup Regional Health Service during and after my volunteering period.

VOLUNTEERS CONSENT/RELEASE

1. I understand that it is my responsibility to advise Kooweerup Regional Health Service of any changes to the information supplied (including medical).

SIGNATURE OF VOLUNTEER:

DATE: / /



KOOWEERUP REGIONAL HEALTH SERVICE VOLUNTEER POSITION DESCRIPTION

Ensure Volunteers perform duties with a clear understanding of the role, rights and responsibilities.

As a Volunteer you will have agreed to:

- Apply for a Volunteer position, attend interview with Volunteer Co-Ordinator and complete all relevant document and regulatory checks. Follow up interview with Unit Manager to establish suitable activity and time.
- Commit to a minimum of six months to the program.
- Apply for and pass a Victorian Police National Police Check, which is conducted at Kooweerup Regional Health Service expense and complete and pass a Victorian Government Working with Children's Check.
- Update your regulatory checks as they expire, Working with Children are renewed every five years and National Police Checks are renewed every three years. Kooweerup Regional Health Service will notify you of the need to renew checks and can assist with the process. The cost of photos can be reimbursed upon receiving a receipt.
- Immediately advise Chief Executive Officer/Director of Nursing if you have been convicted of a precluding offence in the three year period between obtaining/renewing your Police Check and Working with Children Check.
- Complete mandatory Induction Training and complete relevant Competency Certificates and online learning modules appropriate to your area.
- Be supervised and supported by KRHS staff member in workplace and follow directions and requests.
- Secure all personal belongings and valuables in area provided. KRHS cannot be responsible for the safety of personal effects.
- Fulfil designated roles according to activities timetable and schedule with set task/s designated by Unit Manager or Supervisor according to set minimum and maximum hours

per week for each volunteer (three hours' maximum per day, 16 hours maximum per week, subject to approval and change).

- Report any changes to timetable and ensure all changes approved by Volunteer Co-Ordinator and Departmental Managers.
- Be mindful of personal health and safety, by ensuring you move around the workplace carefully to reduce the risk of slip and trip injuries.

Volunteers are requested to:

- Be discreet at all times, what is seen and heard is confidential, Volunteers must not discuss incidents or repeat conversations.
- Be respectful of nationality, beliefs, dignity and privacy of the person, place and property.
- Contact your Supervisor or co-ordinating team at KRHS if you are unable to attend and avoid attending if feeling unwell.
- Refer to Emergency Response Policy and Induction. Be safely conscious, avoid heavy lifting and dangerous tasks and ask for assistance when unsure. Contact your Supervisor immediately should an injury occur.
- Dress appropriately and according to task or activity and be mindful of personal hygiene at all times. Wear suitable clothing appropriate to the task with Volunteer Vest whilst in the Hospital.
- Wear appropriate closed in flat footwear at all times and be mindful of trip or slip hazards. Report trip or slip hazards to Supervisor.
- Avoid asking staff for medical advice.
- Advise the Volunteer Co-Ordinator of any health concerns that may be affected in volunteering role and concerns with individuals or tasks.
- Completion of 'Compliments and Concerns' Forms is encouraged and are available at Reception.
- At all times comply with Kooweerup Regional Health Service Volunteer Guidelines.
- Comply with Smoking Regulations (see below).