

# Essential support

## School Holiday Volunteer Program Application Form



<b>About you – this program is open to students in years 11 and 12 only</b>		
Title:	First Name:	Surname:
Residential Address:		
Suburb:	State:	Postcode:
Postal Address if different to above:		
Suburb:	State:	Postcode:
Phone:	Mobile:	
Email:		
Gender: Male/Female	Date of birth:	Year Level: <input type="checkbox"/> 11 <input type="checkbox"/> 12
Cultural background:		
<b>Your emergency contact</b>		
Name:	Relationship:	
Phone:	Mobile:	
<b>Your school details</b>		
School:		
Address:		
Suburb:	Postcode:	
Contact Person:		
Position:		
Phone:	Email:	
<b>You and your interests</b>		
Briefly describe yourself – your personality, attributes and special qualities:		

Brighter Lives. Here for you. Here for NQ.

Ground Floor, Townsville University Hospital, 100 Angus Smith Drive, Douglas Qld 4814

PO Box 670, IMB 84, Townsville Qld 4810

07 4433 1337 [brighterlives@health.qld.gov.au](mailto:brighterlives@health.qld.gov.au) [Brighterlives.org.au](http://Brighterlives.org.au)

Why do you want to volunteer at Townsville University Hospital?	
How did you hear about the program? Website <input type="checkbox"/> Media <input type="checkbox"/> Friend <input type="checkbox"/> Current Volunteer <input type="checkbox"/> Other <input type="checkbox"/>	
Please list any information, medical or otherwise, that may affect your volunteering (alternatively, please discuss this in private with the Volunteer Coordinator during your interview):	
<b>Your availability</b>	
The Townsville Hospital Foundation generally operates two (2) x four (4) hours shifts per day, Monday to Saturday morning. Prior to the school holidays you will be sent an availability form to choose which days and shifts you would prefer. You will also be able to nominate your area/s of interest.	
<b>Declaration</b>	
I declare that:	
<input type="checkbox"/> The information I have provided is true and accurate. <input type="checkbox"/> I understand this is an application only and I am not guaranteed a volunteer position. <input type="checkbox"/> I understand that I must provide vaccination evidence for Measles, Mumps & Rubella; Pertussis (Whooping Cough) and Varicella (Chicken Pox). If no evidence is available, I agree to undertake the necessary vaccinations. <input type="checkbox"/> I understand I will be buddied with an experienced volunteer and will work under their direction.	
Name:	Signature:
Date:	
Parent/Guardian:	Signature:
Date:	
<b>Submitting your application</b>	
Online: Complete the form online at <a href="http://www.thfoundation.org.au">www.thfoundation.org.au</a>	
Email: Forward completed form to <a href="mailto:thfoundation@health.qld.gov.au">thfoundation@health.qld.gov.au</a>	
Post: Townsville Hospital Foundation, PO Box 670, IMB 84, TOWNSVILLE QLD 4810	
<b>Privacy Statement</b>	
Information from this application will be stored by the Townsville Hospital Foundation and not shared with any other parties unless approved in writing by you, the applicant. View our Privacy Statement at <a href="http://www.brighterlives.org.au">www.brighterlives.org.au</a> .	

**Office use only**

Date received: \_\_\_\_\_ Interview date: \_\_\_\_\_ Training buddy: \_\_\_\_\_

- Referee check       Induction       Role offered       ID Badge
- Database       Mandatory training       Volunteer policies handbook provided