

# Essential support

## Volunteer Application Form



### About you – this form is for applicants aged 18 years and over

Title:	First Name:	Surname:
Residential Address:		
Suburb:	State:	Postcode:
Postal Address if different to above:		
Suburb:	State:	Postcode:
Phone:	Mobile:	
Email:		
Gender:	Date of Birth:	
Do you identify as Aboriginal and/or Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Your emergency contact

Name:	Relationship:
Phone:	Mobile:

### Referee

Please provide details of one (1) referee. It is preferable that your referee is not a family member or social friend and has known you in an educational, professional or volunteer capacity for a minimum of six (6) months. The Townsville Hospital Foundation may contact the named referee, so we ask you to advise them that you have applied for a position with us.

Full Name:	Relationship to you:
Length of time known:	In what capacity:
Phone:	Email:

### Experience

Are you currently:  Employed  Unemployed  Home Duties  Retired  Student

If you ticked yes to Employed or Student, are you?  Fulltime  Part-time  Casual

If you are employed, who is your employer?

If you are studying, what is your field of study:

Do you have any volunteering experience:  Yes  No

If you ticked yes, which organisation/s?

Do you speak a language other than English?  Yes  No

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)

If you ticked yes, what?

Do you have previous event volunteering experience:  Yes  No

If you ticked yes, which organisation/s?

## Blue Card

Do you have a current Blue Card:  Yes  No

If yes, please provide details: Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

How did you hear about the program?

Website  Media  Friend  Current Volunteer  Other

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.

Some of our volunteer roles require occasional lifting and carrying. Are you able to undertake tasks involving lifting and carrying?  Yes  No

## For events

The Townsville Hospital Foundation participate in several events each year. These events are usually after hours or on weekends. Would you be interested in volunteering at these events?  Yes  No

## Your preferences

When are you available?  Weekday events  Weekend events  After hours events

Are you available at short notice?  Yes  No

The Townsville Hospital Foundation generally operates two x four hours shifts Monday to Friday and one x four hour shift on Saturday morning. We will shortly commence a trial of evening shifts. Please indicate your available/preferred days and times:

Monday	<input type="checkbox"/> 8.00am–12.00pm	<input type="checkbox"/> 12.00pm–4.00pm	<input type="checkbox"/> 4.00pm–7.00pm
Tuesday	<input type="checkbox"/> 8.00am–12.00pm	<input type="checkbox"/> 12.00pm–4.00pm	<input type="checkbox"/> 4.00pm–7.00pm
Wednesday	<input type="checkbox"/> 8.00am–12.00pm	<input type="checkbox"/> 12.00pm–4.00pm	<input type="checkbox"/> 4.00pm–7.00pm
Thursday	<input type="checkbox"/> 8.00am–12.00pm	<input type="checkbox"/> 12.00pm–4.00pm	<input type="checkbox"/> 4.00pm–7.00pm
Friday	<input type="checkbox"/> 8.00am–12.00pm	<input type="checkbox"/> 12.00pm–4.00pm	<input type="checkbox"/> 4.00pm–7.00pm
Saturday	<input type="checkbox"/> 8.00am–12.00pm		

Preferred number of shifts per week:  1 shift  2 shifts  3+ shifts

How regularly are you available?  Weekly  Fortnightly  Ad hoc

Are you available at short notice?  Yes  No

## What types of voluntary services would you prefer?

- |   |   |
|---|---|
| <input type="checkbox"/> Information Desk                 | <input type="checkbox"/> Gift Shop                                |
| <input type="checkbox"/> Cancer Centre                    | <input type="checkbox"/> Children's Ward                          |
| <input type="checkbox"/> Emergency Department             | <input type="checkbox"/> Elder Care (Sub Acute or Medical Ward 5) |
| <input type="checkbox"/> Convenience Trolley              | <input type="checkbox"/> Courtesy Buggy Driver                    |
| <input type="checkbox"/> Women's & Children's Clinic      | <input type="checkbox"/> Breast Screen Townsville                 |
| <input type="checkbox"/> Bus Driver (MR license required) | <input type="checkbox"/> Kirwan Community Health Facility         |

## Declaration

I declare that:

- The information I have provided is true and accurate.
- I understand this is an application only and I am not guaranteed a volunteer position.

### For hospital based roles:

- 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.
- I understand it is essential to be a Blue Card holder prior to commencing volunteer duties.
- I understand it is essential to complete a Criminal History Check prior to commencing volunteer duties. Please note: this check will be organised at your interview and there will be no cost incurred by the applicant.
- I understand I will be required to undertake mandatory training.
- I understand there will be a one (1) month probation period from the date of my appointment.
- I understand that I will be required to read, understand and sign the following documents prior to commencing volunteer duties:
  - Volunteer Agreement Form
  - Position Description acknowledgement
- I understand I will be issued with a volunteer uniform shirt and security swipe card on commencement of volunteer duties. These MUST be returned if I cease volunteer duties.

Name:

Signature:

Date:

## Submitting your application

Online: Complete the form online at [www.thfoundation.org.au](http://www.thfoundation.org.au)

Email: Forward completed form to [thfoundation@health.qld.gov.au](mailto:thfoundation@health.qld.gov.au)

Post: Townsville Hospital Foundation, PO Box 670, IMB 84, TOWNSVILLE QLD 4810

## Privacy Statement

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 [www.brighterlives.org.au](http://www.brighterlives.org.au).

### Office use only

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Referee check                        | <input type="checkbox"/> Induction          | <input type="checkbox"/> Review date flagged in database |
| <input type="checkbox"/> Role offered                         | <input type="checkbox"/> ID Badge           | <input type="checkbox"/> Criminal history check          |
| <input type="checkbox"/> Volunteer policies handbook provided | <input type="checkbox"/> Database           | <input type="checkbox"/> Blue card                       |
|   | <input type="checkbox"/> Mandatory training |  |