

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. Brighter Lives 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: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Home Duties <input type="checkbox"/> Retired <input type="checkbox"/> Student		
If you ticked yes to Employed or Student, are you? <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you ticked yes, which organisation/s?		
Do you speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> 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 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

Brighter Lives 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?

Are you available at short notice? Yes No

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

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

How regularly are you available? Weekly Fortnightly Ad hoc

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 | |

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), Varicella (Chicken Pox) and COVID 19. 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.brighterlives.org.au

Email: Forward completed form to brighterlives@health.qld.gov.au

Post: Brighter Lives, PO Box 670, IMB 84, TOWNSVILLE QLD 4810

Privacy Statement

Information from this application will be stored by Brighter Lives and not shared with any other parties unless approved in writing by you, the applicant. View our Privacy Statement at 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"/> Vaccination Clearance | <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 | |