

**ROBINVALE  
DISTRICT HEALTH  
SERVICES**



# **VOLUNTEER APPLICATION**



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## FORMS

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### [Volunteer Registration Form](#)

This form details information so that we can best fit your skills to the volunteer position. This form together with the work preference form help the Health Services meet your needs as a volunteer.

### Volunteer Reference Contacts

### Volunteer Participation Request

Robinvale District Health Services asks all volunteers to help us to help you achieve satisfaction with your voluntary activities by completing this form. We will then try and place in the areas of interest that you nominate as far as is practical.

### [Volunteer Agreement form](#)

This is the agreement by a volunteer to work at the Health Services and to conform to all Policies and Procedures and requirements of a volunteer.

### Consent to Police Check

This form allows the Health Services too ask for a Police Check on volunteers. This is a mandatory requirement for all volunteers to protect clients of the service by Department of Human Services.

### Working with Childrens Check

The Working with Children Check assists in protecting children from harm by ensuring that people who work/volunteer with, or care for, them are subject to a screening process.

If you are doing or intending to do child-related volunteering, you will need a Working with Children Check. Information regarding applications is available via the [Working with Children Check Website](#) (Victoria).

### Confidentiality Deed

This document is your agreement to keep confidential information you may be exposed to regarding Health Services clients. The privacy of our clients is protected by law and all volunteers are included in the law.

### Photo / Photocopy of Drivers Licence

This will help in identification, the issuing of a volunteers pass and insurance coverage.

## ROBINVALE DISTRICT HEALTH SERVICES Volunteer Registration Form

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

- *Have you ever worked as a Volunteer? If yes, please give details.*  
 \_\_\_\_\_  
 \_\_\_\_\_
- *Are there any reasons that you know about which could make you unsuitable to some Volunteer work, e.g. back injury, taking of medication?*  
 \_\_\_\_\_  
 \_\_\_\_\_
- *Please list your skills, interests and / or qualifications:*  
 \_\_\_\_\_  
 \_\_\_\_\_

***If you will be driving your car; -***

- *Do you hold a current Driver's License*  
 \_\_\_\_\_
- *Do you have comprehensive car insurance? What insurance company do you belong to?*  
 \_\_\_\_\_
- *What is your car registration?*  
 \_\_\_\_\_
- *What days and times are you available? Please list below: e.g. 10am to 12 noon; 1pm to 5.00pm Mon-Sun*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- *Please nominate person to contact in an emergency:*

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_

## ROBINVALE DISTRICT HEALTH SERVICES Volunteer Reference Contacts

Name: \_\_\_\_\_

Please provide names of two referees:

(1)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

(2)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

## ROBINVALE DISTRICT HEALTH SERVICES Volunteer Participation Request

Robinvale District Health Services asks all volunteers to help us to help you achieve satisfaction with your voluntary activities by completing this form. We will then try and place in the areas of interest that you nominate as far as is practical.

**AREA OF INTEREST** Please tick your choice;

Robinvale

Manangatang

**Low Care:** Hostel

**High Care:** Nursing Home

**Community:** *(please tick option below)*

Planned Activities Group

Meals on Wheels

Out of School Hours

**Other:** \_\_\_\_\_

**Please select the tasks you would like to take part in:**

Cooking

Craft

Gardening

Music

Singing

Bingo

Outings

B.B.Q

Club Night

Flower Arranging

Poetry

Room visits

Chatting

Writing letters

Reading

Hand Massage

Movies

Manicures (Nail painting only)

Serving Refreshments

Assisting with Meal preparation

**Other: (Please specify):** \_\_\_\_\_

**Do you play a musical instrument? (Please circle)**

**Yes**

**No**

If yes, please describe your abilities in playing the instrument.

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## ROBINVALE DISTRICT HEALTH SERVICES Volunteer Agreement Form

Name: \_\_\_\_\_

Telephone/Mobile: \_\_\_\_\_

I hereby agree that:

- I will notify the staff at Robinvale District Health Services if I am unable to attend on my assigned day.
- I realise that my ideas and experiences are important for the further development of this Program.
- I understand that should an accident occur whilst in my capacity as a Volunteer at Robinvale District Health Services, I am covered by insurance provided that I have followed all procedures and not under the influence of drugs and alcohol.
- I agree to abide by the Robinvale District Health Services Policy on confidentiality.
- I will notify my Coordinator or Supervisor of my intention to cease my volunteer duties.
- I agree, as far as possible, to commit myself to this Program for a period of three (3) months or as previously arranged.
- I have read and agree to abide with the requirements of the Robinvale District Health Services Volunteer Policy documents.
- I have had induction training and been provided with a Volunteer's Handbook.

**Volunteer's Signature:** \_\_\_\_\_

**Approval (CEO):** \_\_\_\_\_

**Date:** \_\_\_\_\_