

VOLUNTEER APPLICATION

Applicant Details				
Surname:		Date of Birth:		
Given Name(s):				
Address:				
Suburb:				
State:		Postcode:		
Home Phone No:		Mobile Phone No:		
Email Address:		Languages Spoken:		
Do you have any criminal convictions? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Are you fully COVID vaccinated? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Do you consent to the use of your photo in volunteer publicity displays? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Current Employment Details (please tick)				
Full-Time	Part-Time	Retired	Unemployed	Student
Employment/Voluntary Experience – Please briefly explain your qualifications/experience or what course/year you are studying				
Briefly list your hobbies /interests				
Please explain why you are interested in Volunteering here at St Vincent’s Melbourne				
Please list your skills to support your application (eg: computer skills, filing, other languages skills)				
St Vincent’s has many sites including the Fitzroy campus, please circle below the sites you are most interested in volunteering at? (Please tick a maximum of 3 options of where you are interested in volunteering)				
St Vincents Public Hospital	41 Victoria Parade Fitzroy VIC	<input type="checkbox"/>		
Berengarra Residential Aged Care	283 Cotham Rd Kew VIC	<input type="checkbox"/>		
Caritas Christi Hospice KEW Palliative Care	104 Studley Park Rd Kew, VIC	<input type="checkbox"/>		
Auburn House Aged Psychiatry Residential care	98-100 Camberwell Rd Hawthorn EAST, VIC	<input type="checkbox"/>		
St Georges Kew Campus	283 Cotham Rd Kew, VIC	<input type="checkbox"/>		
Prague House Residential care for socially isolated	253 Cotham Rd Kew, VIC	<input type="checkbox"/>		

What days/times are you currently able to volunteer? (Please tick all your preferences)

Monday	Morning	Afternoon	Anytime
Tuesday	Morning	Afternoon	Anytime
Wednesday	Morning	Afternoon	Anytime
Thursday	Morning	Afternoon	Anytime
Friday	Morning	Afternoon	Anytime

Please choose any areas of interest (please tick all that apply) from our current Volunteering programs

<input type="checkbox"/>	Welcoming & Guiding	Guiding and directing visitors and patients
<input type="checkbox"/>	Art Therapy Program	Assisting with coordination of the Arts programs
<input type="checkbox"/>	Friendly Visitor Program	Companionship and visits to the wards
<input type="checkbox"/>	Administration	Mail outs, Data Entry, filing, other administrative tasks
<input type="checkbox"/>	Pet Therapy Program	Visiting areas in the Hospital with your Dog
<input type="checkbox"/>	Gardening Programs – Offsite facilities	
<input type="checkbox"/>	Other (please indicate if you are responding to an advertised role)	

Emergency contact Details:

Surname:			
Given Name:			
Home Phone No:		Mobile Phone No:	
Email Address:		Relationship:	

Referees (please provide two professional Referees NOT Family or friends)

First Referee:			
Name:			
Relationship:			
Phone No:			
Email Address:			
Second Referee:			
Name:			
Relationship:			
Phone No:			
Email Address:			



Declaration (please read each statement below and tick each check box to acknowledge your acceptance)

I am applying for Volunteer work at St Vincents Public Hospital.

I declare that the information contained in this application is true and correct.

I understand that I will be required to participate in an interview and undertake a reference and background check.

I understand that I will be required to undertake an induction program and mandatory training prior to my commencement.

I shall not discuss patients or hospital business matters with any other person except in the context of my official capacity.

I shall not enter any discussion with the media representatives about patients or hospital business.

I hereby state that I am well and am not aware of any circumstances which would affect my ability to perform the work I have indicated. Should this situation change, I undertake to advise the person to whom I am responsible.

I give permission for St Vincent's Volunteer Services to divulge my personal information to appropriate staff members to facilitate my placement as a volunteer.

Full Name:	
Signature:	Date: