



VOLUNTEER APPLICATION FORM

Personal details

Name

Address

DOB

Phone

Home

Mobile

Email

Emergency

Name

contact

Phone

Relationship

Work details

What is your current work status? *(please tick response)*

Full-time

Part-time

Casual

Student

Unemployed

Retired

Please list your most recent volunteer and work experience:

Position

Company

Start date

End date

Please list skills to support your application:

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Please detail why you are interested in volunteering at St Vincent's Private Hospital Northside:

Please detail what you hope to gain from volunteering at St Vincent's Private Hospital Northside:

Areas of interest: (please tick response)

- | | |
|---|---|
| <input type="checkbox"/> Ward Volunteer | Interacting with patients including; Patient visitation; Care of flowers |
| <input type="checkbox"/> Welcoming & Guiding Volunteer | Guiding and directing visitors and patients; Administrative tasks |
| <input type="checkbox"/> Administration Volunteer | Preparing charts and packs; Data entry; Mail-outs; Other administrative tasks |
| <input type="checkbox"/> Hospitality Volunteer | Serving refreshments to patients |

Availability (please select response)

- Monday AM Tuesday AM Wednesday AM Thursday AM Friday AM
 Monday PM Tuesday PM Wednesday PM Thursday PM Friday PM

AM shifts are from 8.30am to 12.30pm and PM shifts are from 12.00pm to 4.00pm.



Referees (please provide two professional referees)

Name	Relationship	Phone	Email
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*How did you hear about volunteering at
St Vincent's Private Hospital Northside? (please select response)*

- Hospital Website
- Volunteering Queensland Website
- Word of mouth
- Other (please specify) _____

Declaration

(please read each statement below and tick each checkbox to acknowledge your acceptance)

- I am applying for volunteer work at St Vincent's Private Hospital Northside.
- 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 selection process and undertake a reference and background check.
- I understand that I will be required to undertake an induction program prior to my commencement, and participate in ongoing mandatory training.

Signature

Date

If you have any questions about this application form, please phone 07 3326 3156.

*Please return completed forms via scan/email
to our Volunteer Coordinator at sharyn.smith@svha.org.au*