

Volunteer Application

Palliative Care Service

Palliative Care Volunteers

Palliative Care Unit - Townsville Hospital and Health Service
100 Angus Smith Drive, Douglas QLD 4814
P O Box 670, Townsville 4810

Telephone: (07) 4433 4264

Fax: (07) 4433 4261

Email: THHS-PalliativeCareVolunteers@health.qld.gov.au

Surname			Office Use Only
Given Name (include middle)			<input type="checkbox"/> Volunteer Application
Address			<input type="checkbox"/> Interview
Postal Address			<input type="checkbox"/> Referee Check
Email			<input type="checkbox"/> Letter of Offer
Telephone	Home	Mobile	<input type="checkbox"/> Volunteer Agreement /Policies x4
Date of Birth			<input type="checkbox"/> ID Badge
Next of Kin / Emergency Contact			<input type="checkbox"/> Handbook
Name			<input type="checkbox"/> Database
Address			
Telephone	Home	Mobile	Training
Relationship			<input type="checkbox"/> Vol. Orientation
Details of 2 Referees (not a relative)			<input type="checkbox"/> Mandatory Training
Referee 1:			<input type="checkbox"/> Palliative Care Training
Name			
Address			Other
Telephone	Home	Mobile	<input type="checkbox"/> Criminal History Check
Relationship			<input type="checkbox"/> VPD
Referee 2:			
Name			
Address			
Telephone	Home	Mobile	
Relationship			

1. What types of paid employment have you undertaken?

2. What types of voluntary work have you undertaken?

3. Do you have any specialised skills (e.g. art, music, bus driver)?

4. What are your areas of interest / hobbies?

5. Are you being treated for any medical condition that could affect your ability to do your voluntary duties?

6. Why do you want to be a Palliative Care Volunteer?

7. How frequently are you able to assist (please tick)?

☐ Monthly

☐ Fortnightly

☐ Weekly

☐ More than once per week

8. What is your level of knowledge regarding Palliative Care?

9. Please indicate when you are available (days and times).

Monday

Approximate Times:

Tuesday

Approximate Times:

Wednesday

Approximate Times:

Thursday

Approximate Times:

Friday

Approximate Times:

Saturday

Approximate Times:

Sunday

Approximate Times:

10. Would you be available for short notice, occasional, or one-off volunteering jobs eg assisting with mail-outs, visiting patients during short term stays, overnight etc?

☐ Yes ☐ No

11. Do you have a current driver's license? Own transport?

☐ Yes ☐ No

12. Please indicate the types of voluntary service you would prefer.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Friendly Support Visitor | <input type="checkbox"/> Morning Tea Attendant | <input type="checkbox"/> Memory Making | <input type="checkbox"/> Art/Craft Therapy |
| <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Sausage Sizzle | <input type="checkbox"/> Entertainer | <input type="checkbox"/> Manicure/Pedicure |
| <input type="checkbox"/> Community (Home visits/Respite) | <input type="checkbox"/> Administrative | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Ward Assistant (Lounge and family room tidy up, flowers, Spiritual Room, washing/folding) | <input type="checkbox"/> Sewing Group (Alterations of shirts and making bags for clothes and personal belongings) | <input type="checkbox"/> Episodic Volunteering (one-off project, functions e.g. Melbourne Cup, Remembrance Evenings, St Patrick's Day) | <input type="checkbox"/> I have no specific preferences |

Privacy Statement

Personal information concerning Palliative Care Volunteers of the Townsville Hospital and Health Service is held in the records of the Volunteer Services, and is obtained by the Volunteer Application, interview, and further communication. All staff and volunteers who have access to this information for the purpose of managing the Volunteer Services have a responsibility to ensure that confidential information is not inappropriately released or taken from the Townsville Hospital and Health Service.

Declaration of Volunteer Commitment

I, _____

understand that by registering as a volunteer with the Townsville Hospital and Health Service, I agree to abide by the Department of Health Code of Conduct, and the terms for volunteers as specified in the Volunteer Handbook.

I understand volunteering means that I have agreed to work without compensation in money. Once accepted as a volunteer, I will perform my duties in a responsible manner, and in accordance with the duty statement of my voluntary position. I accept that I have an obligation to my work, to those who direct it, to colleagues and to patients.

I declare that I will not divulge or communicate details about patients, staff or other volunteers, or any other information deemed to be confidential, to any unauthorised person or organisation.

Signature: _____

Date: