

# Volunteer Application Form

## INSTRUCTIONS

- > Please answer all questions using BLOCK letters.
- > Please respond to all questions
- > To submit this form, please email to [Health.RAHVolunteers@sa.gov.au](mailto:Health.RAHVolunteers@sa.gov.au)
- > Or print and sign and post to  
RAH Volunteer Services Unit  
Mail Delivery Point: 3D430.52  
Royal Adelaide Hospital  
Port Road, Adelaide SA 5000

I wish to volunteer as a .....  
(refer to [www.rah.sa.gov.au/support-us/volunteering-at-the-rah](http://www.rah.sa.gov.au/support-us/volunteering-at-the-rah) or information package)

Availability  Mon  Tues  Wed  Thur  Fri  Sat  Sun

## PERSONAL DETAILS

Title:  Mr  Mrs  Ms  Miss

Surname: ..... DOB: .....

Given Names: ..... Preferred Name: .....

Residential Address: .....

Town/Suburb: ..... State: ..... Postcode: .....

Home Telephone: ( ) ..... Mobile: .....

Email Address: .....

Languages spoken: .....

## EMERGENCY CONTACT

Relationship to Applicant: .....

Title:  Mr  Mrs  Ms  Miss

Surname: ..... DOB: .....

Given Names: ..... Preferred Name: .....

Residential Address: .....

Town/Suburb: ..... State: ..... Postcode: .....

Home Telephone: ( ) ..... Mobile: .....

Email Address: .....

## OTHER INFORMATION REQUIRED

- Are you an Australian Resident? If not, please bring a copy of your passport and visa to your interview  YES  NO
- Are you willing to undergo a criminal history screening check as part of your application?  YES  NO

## PERSONAL BACKGROUND INFORMATION

- YES  NO Have you ever been investigated, arrested or reported for, or pleaded or found guilty of, any criminal offence? If yes, please provide further information. Attach additional pages if required.
- YES  NO Have you ever been charged with a serious traffic offence which resulted in the loss or suspension of your driver's licence? If yes, please provide further information. Attach additional pages if required.
- YES  NO Are you currently facing charges yet to be determined for any offence? If yes, please provide further information. Attach additional pages if required.
- YES  NO Have you ever had your employment and/or volunteering role terminated by a South Australian public sector agency or any other organisation for any reason? If yes, please provide further information. Attach additional pages if required.
- YES  NO Have you been the subject of formal allegations or an investigation or any other process relating to unsatisfactory performance or misconduct as an employee or volunteer? If yes, please provide further information. Attach additional pages if required.
- YES  NO Have you ever been the subject of allegations of conduct by you of a violent and/or sexual nature towards or in relation to a child or children (person under 18 years of age) or an adult (over 18 years of age)? If yes, please provide further information. Attach additional pages if required.
- YES  NO Are there any physical disabilities or impediments that stop you from performing a role? If yes, please provide further information. Attach additional pages if required.

## EDUCATION AND QUALIFICATIONS

- Highest level of education completed: .....
- Trade Qualifications: .....
- Other relevant training and/or certificates: .....
- .....
- Other relevant health experience: .....
- Current and full drivers licence:  YES  NO .....

## EMPLOYMENT STATUS

Are you currently:

- |   |                                    |                                    |   |
|---|------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Employed?      | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | <input type="checkbox"/> Unemployed             |
| <input type="checkbox"/> Self Employed? | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | <input type="checkbox"/> Retired                |
| <input type="checkbox"/> Student?       | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | <input type="checkbox"/> Caring for home/family |
| <input type="checkbox"/> Other .....    |                                    |                                    |   |

### Most recent employment

Company/Organisation: ..... Date started: .....

Position: ..... Date ended: .....

## WHAT MADE YOU DECIDE TO VOLUNTEER?

Why do you want to become a Volunteer with the Royal Adelaide Hospital?

.....  
.....

What do you hope to gain from becoming a Royal Adelaide Hospital Volunteer?

.....  
.....

### How did you hear about the Royal Adelaide Hospital Volunteers? (Please tick all that apply)

- |                                      |                                       |  |  |
|--------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> RAH website | <input type="checkbox"/> Poster       | <input type="checkbox"/> Hospital      | <input type="checkbox"/> Flyer/Handout |
| <input type="checkbox"/> TV          | <input type="checkbox"/> Social Media | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Radio         |
| <input type="checkbox"/> Other ..... |                                       |  |  |

## HOBBIES AND INTERESTS

What are your hobbies and interests?

.....  
.....  
.....

## VOLUNTEER INVOLVEMENT (PAST AND CURRENT)

Provide details of any other volunteer involvement:

Organisation: ..... Location: .....

Contact Person: ..... Contact Number: .....

Years/Hours of Service: ..... Current?  YES  NO

**REFEREE NAME AND CONTACT DETAILS** (PLEASE ATTACH APPLICABLE REFERENCE LETTER/S)

Title:  Mr       Mrs       Ms       Miss

Surname: ..... Given Names: .....

Relationship to Applicant: .....

Contact Number: .....

Email Address: .....

**DECLARATIONS**

- I have personally completed this application form. To the best of my knowledge, the answers are true and correct in every way.
- I understand that erroneous or fake declaration made by me in this application may result in disciplinary action or termination of my service as a volunteer.
- I state that I am 18 years of age or above.
- I understand that I must be fit and able to perform the role and accept any changes to my medical condition may impact my service as a volunteer resulting in my departing due to ill health and safety concerns.
- If my application to become a volunteer with Royal Adelaide Hospital Volunteers is successful, I agree to be bound by, and will at all times adhere to, current Royal Adelaide Hospital Volunteer Conduct Standard. I will also observe, respect and abide by all current terms and conditions, policies and procedures relating to volunteering with the Royal Adelaide Hospital, and any subsequent amendments. Failure to do so may result in disciplinary action or termination of my services as a volunteer.
- I will maintain strict confidentiality with all Royal Adelaide Hospital information and all patient information and understand that a breach of this information will result in disciplinary action or termination of my services as a volunteer.
- I give approval for my referees and any organisation I have listed to be contacted for the purpose of verifying past work/volunteer history.
- PRIVACY DECLARATION:** Royal Adelaide Hospital recognises the importance of protecting the privacy of individuals' personal information. I have read and understood the 'Royal Adelaide Hospital Privacy Disclosure Statement for Volunteer Applicants' (Page 5) and agree to the use of my personal information in the manner described in the statement. I understand that if I am successful in my application, my contact details (address, phone number, etc.) may be made available to Royal Adelaide Hospital paid and volunteer management personnel where required for the effective operation of the Royal Adelaide Hospital Volunteer Service.

**SIGNATURE**

**I declare that I have read and understood the declarations and privacy disclosure statement.**

Applicants Signature: ..... Date: .....

## PRIVACY DISCLOSURE

### ROYAL ADELAIDE HOSPITAL PRIVACY DISCLOSURE STATEMENT FOR VOLUNTEER APPLICANTS

The Royal Adelaide Hospital (RAH) recognises the importance of protecting the privacy of individuals' personal information.

When applying for a volunteer position at the RAH, you will be required to provide certain information about yourself.

#### COLLECTION OF YOUR INFORMATION

The RAH collects your personal information in order to assess your volunteer application.

The RAH may also make notes and prepare confidential reports in respect of your application.

The RAH generally collects the information it requires directly from you by way of written materials (e.g. your application), interviews or telephone discussions.

If you do not provide the RAH with the information it requires, it may not be able to process your application (and therefore may reject it).

In limited circumstances, the RAH may also collect information about you from third parties. The RAH will conduct criminal history screening checks and may collect and store information about you from law enforcement bodies, government agencies or any referees which you have nominated in your application.

#### USE AND DISCLOSURE OF YOUR INFORMATION

The RAH will store your personal information for as long as it may be required.

The RAH will only disclose the information contained in applications to third parties which assist us in our recruitment functions.

The RAH will not disclose personal information to any other third party, except with your consent or in accordance with the Commonwealth Privacy Act 1988.

Before providing the RAH with the name and contact details of any other individual (such as your referee) in connection with your application, you must first obtain their consent for their personal information to be included on your application.

You should also inform the person that:

- > Their personal details will be disclosed to the RAH in connection with your application
- > They may request access to the information held about them by the RAH by contacting us at the address sent out below.

#### ACCESS AND CORRECTION

You may seek access to personal information held about you by the RAH.

The RAH will correct or amend any information which it considers inaccurate, incomplete or out-of-date.

Access to information must be made in accordance with the Freedom of Information Act 1991 (SA) in the prescribed manner and forwarded to:

#### FREEDOM OF INFORMATION

**Royal Adelaide Hospital**  
**Level 3, Margaret Graham Building**  
**North Terrace**  
**Adelaide, SA 5000**

**Telephone: 8222 5353**

**Email: [Health.RAHFOI@health.sa.gov.au](mailto:Health.RAHFOI@health.sa.gov.au)**

For more information

**Volunteer Service Unit**  
**Royal Adelaide Hospital**  
**Phone: (08) 7074 1240**  
**Email: [Health.RAHVolunteers@sa.gov.au](mailto:Health.RAHVolunteers@sa.gov.au)**  
**[www.rah.sa.gov.au](http://www.rah.sa.gov.au)**



Interpreter

If you do not speak English, request an interpreter from SA Health and the Department will make every effort to provide you with an interpreter in your language.

© Department for Health and Ageing, Government of South Australia.  
All rights reserved. RAH 17052. Printed September 2017



**Government  
of South Australia**  
SA Health



[www.ausgoal.gov.au/creative-commons](http://www.ausgoal.gov.au/creative-commons)