

VOLUNTEER APPLICATION FORM



CONFIDENTIAL

**NSW Health – An Employer of Choice
Equality Employment Opportunity is NSW Health Policy**

NSW Health sites are now totally smoke-free. This includes all grounds, vehicles, car parks and buildings, and applies to all staff, patients, volunteers, contractors and visitors.

PERSONAL DETAILS <i>(please complete and tick relevant box)</i>	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Male <input type="checkbox"/> Female	
Surname: _____	
Given Name: _____	
Residential Street Address: _____	
Suburb: _____	Post Code: _____
Telephone Numbers:	(H) _____ (M) _____
Person to be Notified in Case of Emergency	
Name: _____	Telephone: _____
Address: _____	Relationship: _____
EQUAL EMPLOYMENT OPPORTUNITY <i>(this section is for compliance with EEO Legislation only and is not mandatory to complete)</i>	
Country of Birth: _____	Nationality: _____
Was English the first language of:	
Yourself	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your Mother	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your Father	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you from a racial, ethnic or ethno-religious group, which is a minority in Australian society? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NSW Health encourages applications from Indigenous Australians:	
Are you an Aboriginal Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Torres Strait Island Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
It is the policy of NSW Health to welcome applicants from people with disabilities and to attempt to meet reasonable / appropriate work-related requirements of employees.	
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please indicated how the workplace might be adjustments to overcome barriers that may affect your performance:	

APPLICATION FOR VOLUNTEER DETAILS

Please indicate which facility/service within NBMLHD are you applying for a volunteer position:

- Blue Mountains Hospital / Springwood Hospitals
 Lithgow Hospital / Portland Hospitals
 Nepean Hospital
 Mental Health Service
 Primary Care & Community Health Service
 Drug & Alcohol Service
 Oral Health Service
 Ronald McDonald Nepean Family Room
 Palliative Care – Penrith
 Palliative Care – Hawkesbury
 Palliative Care – Mt Drutt

What are your preferred area(s) of volunteers services (N/A if Ronald McDonald Family Room or Palliative Care):

- Ward Helpers
 Library Services
 Gift Shop
 Patient Support
 Fundraising
 All Areas

Please indicate your preferred day(s) and times:

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday
 Morning
 Afternoon
 Full Day

Please indicate if you have had previous Volunteer experience:

Please indicate your Occupations (past and present):

Reasons for applying for a Volunteer position:

What do you feel you have to offer as a Volunteer?

(Additional information can be provided as an attachment if required)

What do you hope to gain?

REFEREES

Please provide names and address of two referees (other than family or friends) who may be contacted in connection to this application prior to any offer being made:

Name: _____	Name: _____
Position / Title: _____	Position / Title: _____
Company: _____	Company: _____
Contact Number: _____	Contact Number: _____

APPLICANT'S (VOLUNTEER) STATEMENT

A. That all statements provided in this application and any attached papers are, to the best of my knowledge, true and accurate in every respect. I understand that any statement I make (or information I knowingly withhold) which is found to be false or misleading as to the substance of my application, will constitute grounds for termination of any contract of employment entered into.

B. That I am required to produce, at interview, documentary evidence of my identity, vaccination status and pre-employment screening documentation (if applicable).

C. I understand that NSW Health will conduct a National Criminal Record Check and validate my Office of The Children's Guardian Working With Children Check clearance (if applicable) should I become a recommended applicant for a Volunteer position.

I declare that I understand and agree to the above statements.

Signature: _____ Date: _____