



Expression of Interest Form Hospital Volunteer Program

*WA Health is committed to eliminating all forms of discrimination in the provision of our service.
We embrace diversity and strongly encourage applications from Aboriginal and Torres Strait
Islander peoples, people from culturally diverse backgrounds and people with disabilities.*

PREFERRED LOCATION: Armadale Health Service Kalamunda Hospital

Mr Mrs Ms Miss Dr Other _____

First name: _____

Surname: _____

Address: _____

Suburb: _____ Postcode: _____

Phone: _____ Mobile: _____

Date of Birth: ____ / ____ / ____

Gender: _____

Email: _____

REFEREES

Please provide the names and contact phone numbers of persons who can act as referees for you.

Referee 1

Name _____

Phone _____ Mobile _____

Relationship to you _____

Referee 2

Name _____

Phone _____ Mobile _____

Relationship to you _____



BACKGROUND INFORMATION

Why would you like to be a part of our volunteer team?

What are your volunteering preferences? (please tick one or more boxes that apply)

Front of House Volunteers

Welcoming patients and visitors, assisting them with directions around the hospital.

General Patient Volunteers

Providing companionship to vulnerable patients (various wards)

Forget Me Not Volunteer

Providing support to patients and their families, especially those living with and / or experiencing cognitive impairment, end of life and mental health

Children’s Ward Volunteer

Assistance in receiving / sorting through donations, providing general to patients and their families, general upkeep of children’s playroom / area

Auxiliary Kiosk / Gift Shop Attendant

Other (please specify – e.g. music performances, pet therapy, host art workshops, help with once off events)

Do you have any professional or personal experience in these areas? If yes, please describe it.

AVAILABLE HOURS

Please write down hours available on the relevant weekday **then** specify the maximum number of days you would like to volunteer with us.

	MON	TUE	WED	THU	FRI	SAT	SUN
HOURS AVAILABLE							



Maximum number of days you would like to volunteer	
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Note: Volunteer shifts are a minimum of five hours. There is a minimum of one shift a week.

Do you have any commitments that may affect your availability? (e.g. study commitments, Travel plans etc)

How did you hear about our volunteer program? (please tick one or more boxes that apply)

- Newspaper
- Online
- Word of mouth
- Staff / Volunteer
- Other (please specify): _____
- Local Council

Further information and comments:

Please inform us if there is any information, we should know that is relevant to your involvement in this organisation (e.g. health, visa limitations etc.).

Declaration

I understand that I will be required to undergo health and criminal screenings prior to commencing volunteering with us and,

I hereby declare that the information provided is correct and true.

Sign _____

Date _____