



APPLICATION TO VOLUNTEER WITH COLAC AREA HEALTH

PERSONAL DETAILS

Name: _____

Date of Birth: / /

Address: _____

Email: _____

Telephone: _____

Preferred method of contact: _____
(for newsletter etc.)

Are you of Aboriginal or Torres Strait Island origin? _____

EMERGENCY CONTACT:

Name: _____

Relationship: _____

Phone: _____ Mobile: _____

PLEASE TELL US WHY YOU WOULD LIKE TO VOLUNTEER WITH COLAC AREA HEALTH?

Available Days: _____ Hours per week: _____

COLAC AREA HEALTH DEPARTMENTS:

Please indicate below your preferred volunteer service area/s:

- | | |
|--|--|
| <input type="checkbox"/> Client Transport
(driving clients and/or equipment) | <input type="checkbox"/> Frank Minchinton Cancer Treatment
(patient support) |
| <input type="checkbox"/> CAH Foundation
(fundraising events) | <input type="checkbox"/> Palliative Care Program
(visitor/home support, program support) |
| <input type="checkbox"/> Colac Neighbourhood House
(admin, activity support, barista) | <input type="checkbox"/> Birregurra - Friday Community
Lunch Program
(Cook, Kitchen Hand) |
| <input type="checkbox"/> Corangamarah Residential Aged
Care
(visiting, activity support,
concierge) | <input type="checkbox"/> Gardener
(Gardening Group) |
| <input type="checkbox"/> Miller House Social Support
(group activity support) | <input type="checkbox"/> General administration
(filing, project support) |
| <input type="checkbox"/> Do Care Program
(1:1 Visitors) | <input type="checkbox"/> Maintenance
(manual tasks) |

EXPERIENCE & QUALIFICATIONS

Please provide details of relevant current and previous employment experience:

1) Organisation: _____

What is/was your role?: _____

2) Organisation: _____

What is/was your role?: _____

PREVIOUS VOLUNTEERING:

Please provide details of current and previous volunteering skills and experience:

HEALTH: Do you have a disability / medical condition that you wish to tell us about that may prevent you from performing some tasks?
(This is to enable us to tailor your volunteer role to suit you).

Please provide details:

Do you have evidence of COVID-19 & Influenza Vaccination Status? Yes / No
(please attach Vaccination Certificate)

WHAT ARE YOUR INTERESTS/HOBBIES?

TRANSPORT:

Do you have a Drivers Licence? **Yes** **No**

Do you have your own transport? **Yes** **No**

Do you have comprehensive car insurance? **Yes** **No**

REFEREES: Please provide the names and contact details of two referees:

1. Name: _____ Phone: _____
Relationship to you: _____

2. Name: _____ Phone: _____
Relationship to you: _____

PLEASE NOTE:

Approval to proceed as a volunteer at Colac Area Health is conditional upon a satisfactory Police Check and Working with Children Check.

A police check will be conducted at Colac Area Health, while the Working With Children check will be your responsibility to complete. Both checks are free of charge.

WHAT HAPPENS AFTER YOU LODGE THIS FORM?:

You will be asked to come in for an interview.
The Volunteer Coordinator will contact your nominated referees.

If your application is successful, you will:

- receive a package of documents to sign and return;
- meet with a CAH Human Resources officer to complete the Police check; you will need 100 points of identification, and create a volunteer file;
- Working With Children Checks *to be completed by you.*
- meet with your CAH department for orientation for your volunteer role; and
- complete CAH mandatory training units required by all CAH staff and volunteers (Manual Handling, Acceptable Workplace Behaviour, Infection Control, Emergency Response, Child Safe Standards, Family Violence, Elder Abuse and Self Care).

If your application is not successful, we will let you know by letter.

SIGNATURE OF APPLICANT: (all information is correct and requirements of volunteering are agreed to)

.....

DATE:

...../...../.....

PLEASE COMPLETE AND RETURN THIS FORM TO:

**Volunteer Office
Colac Area Health, 2-28 Connor Street Colac Vic 3250
Phone: 5232 5204 Email: volunteers@cah.vic.gov.au**

What is a volunteer?

A volunteer is an unpaid community member who is willing to give of their time to improve the quality of life for the clients of Colac Area Health, their families, carers and support networks. Volunteer activity complements the role of the Colac Area Health, health care professionals.

