



## APPLICATION TO VOLUNTEER WITH COLAC AREA HEALTH

### PERSONAL DETAILS:

**Name:**

**Date of Birth:**

**Address:**

**Telephone:**

**Mobile:**

**Email:**

**Preferred method of contact:** Email / Phone / Mail (please circle)  
(for training information, education, invites, newsletter etc.)

### EMERGENCY CONTACT:

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

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

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**Are you of Aboriginal or Torres Strait Island origin? Y/N**

**Availability: day?**.....**Hours per week?**.....

**COLAC AREA HEALTH DEPARTMENTS:**

*Please indicate below your preferred volunteer service area:*

- |  |   |
|--|---|
| <p><b>1. Colac Area Health (CAH) Acute Ward (patient support)</b></p> <p><b>2. CAH General Volunteering (eg. gardening, projects)</b></p> <p><b>3. CAH Foundation (fundraising/special events – one off events)</b></p> <p><b>4. Colac Neighbourhood House (CNH) (admin, activity support, gardening)</b></p> <p><b>5. Corangamarah Residential Aged Care (visiting, activity support)</b></p> <p><b>6. Miller House Do Care Social Support – (group activity support, one on one visiting)</b></p> <p><b>7. Family Services (general support)</b></p> | <p><b>8. Palliative Care Program (visitor/home support, admin/program support)</b></p> <p><b>9. Client Transport (driving clients or equipment)</b></p> <p><b>10. Birregurra BCHC - Friday Community Lunch Program</b></p> <p><b>11. Frank Minchinton Cancer Treatment Centre (patient support)</b></p> <p><b>12. Concierge/door monitor</b></p> <p><b>13. General CAH administration</b></p> <p><b>14. Maintenance</b></p> <p><b>15. Urgent care (patient support and admin)</b></p> |
|--|---|

**First Choice:**

*Preferred activities:*

**Second Choice:**

*Preferred activities:*

**Third Choice:**

*Preferred activities:*

**COMMUNITY SERVICE/VOLUNTEERING HISTORY**

Please provide details of current or recent previous volunteer experience:

1) Organisation: \_\_\_\_\_

What is/was your role?: \_\_\_\_\_

2) Organisation: \_\_\_\_\_

What is/was your role?: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Please provide details of current and previous employment skills and experience that you feel would relevant to your preferred volunteering role:

**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:

**You must have annual influenza/coivd19 vaccination, Do you consent?** Yes / No (please circle)

**HOBBIES/INTERESTS/SKILLS:** Please provide information about any hobbies, interests, talents, sports or special skills that you would bring to your volunteer experience:

**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:

How do you know this person?

2. Name:

Phone:

How do you know this person?

**PLEASE NOTE:**

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

Police check will be completed at Colac Area Health, with the Working With Children to be completed by you.

There is no cost for the Police Check or for the Working With Children Check.

**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, 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)***

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**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](mailto: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.*

