

## Volunteer Application

	1. Applicant Details									
Sur	name:									
Give	en Name(s):							Date of Bir	th:	
Address:		Suburb:								
		State:					Postcode:	:		
Hon	ne Phone No.:				Mobil	e Ph	one No.:			
Ema	ail Address:									
	2. Emergency	Contact D	etails							
Sur	name:									
Give	en Name(s):									
Hon	ne Phone No.:				Mobil	e Ph	one No.:			
Ema	ail Address:				Relati	ions	hip:			
	3. Work Details									
Please tick your current work status										
	Full-time			Part-time		Casu	al		Stuc	lent
	Unemployed			Retired	□ L	_ooki	ing for work		Othe	er:
Plea	ase list your most	recent volu	nteer ar	nd work experience						
Pos	ition			Organisation				Start Date		End Date
Plea	ase list your skills	to support y	our app	olication (e.g. computer s	skills, ty	ping,	, filing, other	· language skill	s)	
•					•					
•				•						
Plea	ase explain why yo	ou are inter	ested a	nd what you hope to gain	n from v	olun/	teering			
Plea	ase choose any ar	eas of inter	est (ple	ase tick all that apply)						
	Administration	Pr	eparing	charts and packs; Data	entry; M	/lail-c	outs; Other a	administrative t	asks	
	Hospitality	Preparing charts and packs; Data entry; Mail-outs; Other administrative tasks  Serving refreshments to patients								
	Ward									
		Interacting with patients; Patient visitation; Socialisation; Care of flowers								
	Other (please indicate if you are responding to an advertised role):									



## Volunteer Application

Please specify your availability (please tick all that apply):									
Monday		Tuesda	ay Wedn	esday -	Γhursday	Friday			
4. Referees (please provide two professional referees who is NOT family)									
	Na	ıme:							
First Referee	Re	elationship:							
First Referee	En	nail:							
	Ph	one:							
	Na	ıme:							
Second Refer		elationship:							
Second Refer		nail:							
	Ph	one:							
5. Decla	<b>aration</b> (p	lease read ead	ch statement below and ti	ck each checkbox to	acknowledg	e your acceptance)			
☐ I am app	□ I am applying for volunteer work at St Vincent's Private Hospital.								
☐ I declare	☐ I declare that the information contained in this application is true and correct.								
☐ I understa	☐ I understand that I will be required to participate in an interview and undertake a reference and background check.								
☐ I understa									
	_								
	_								
Name:									
					Datas				
Signature:					Date:				

## END OF FORM - PLEASE RETURN TO SPECIFIC SITE LISTED BELOW AND TICKING THE SPECIFIC SITE

State	Hospital	Contact Details	Tick Box
	St Vincent's Private Hospital East Melbourne Volunteer Coordinator	159 Grey Street, East Melbourne VIC 3002 Phone: 03 9411 7111 Email: Mission.Mailbox@svpm.org.au	
VIC	St Vincent's Private Hospital Fitzroy Volunteer Coordinator	59 Victoria Parade, Fitzroy VIC 3065 Phone and Email is same for all Melbourne sites	
	St Vincent's Private Hospital Kew Volunteer Coordinator	5 Studley Avenue, Kew VIC 3101 Phone and Email is same for all Melbourne sites	
	St Vincent's Private Hospital Werribee Volunteer Coordinator	240 Hoppers Lane, Werribee VIC 3030 Phone and Email is same for all Melbourne sites	
	St Vincent's Private Hospital Griffith Volunteer Coordinator	41-45 Animoo Avenue, Griffith NSW 2680 Phone: 02 6966 8300 Email: SVPCHG.Enquiries@svha.org.au	
NSW	St Vincent's Private Hospital Sydney Volunteer Coordinator	406 Victoria Street, Darlinghurst NSW 2020 Phone: 02 8382 7298 Email: SVPHS.Volunteers@svha.org.au	
	Mater Hospital Volunteer Coordinator	25 Rocklands Road, North Sydney NSW 2060 Phone: 02 9900 7376 Email: Mater.Volunteers@svha.org.au	
	St Vincent's Private Hospital Toowoomba Volunteer Coordinator	22 Scott Street, Toowoomba QLD 4350 Phone: 07 46904057 Email: Volunteering@svpht.org.au	
QLD	St Vincent's Private Hospital Northside Volunteer Coordinator	627 Rode Road, Chermside QLD 4032 Phone: 07 3326 3156 Email: SVPHN.Volunteers@svha.org.au	
	St Vincent's Private Hospital Brisbane Volunteer Coordinator	411 Main Street, Kangaroo Point QLD 4169 Phone: 07 3240 1194 Email: SVHBVolunteers@svha.org.au	