

## VOLUNTEER APPLICATION

### WOMEN'S AND CHILDREN'S HEALTH NETWORK

Name: ..... Mr/Mrs/Ms  
                             (Surname)                                    (Given names)

Address: .....  
 .....

Email address: .....

☎H: ..... ☎W: ..... ☎M: .....

Date of birth: .....

#### **EMPLOYMENT STATUS**

Please check the appropriate box below regarding your employment status.

- |                      |                          |           |                          |
|----------------------|--------------------------|-----------|--------------------------|
| Employed – full time | <input type="checkbox"/> | Carer     | <input type="checkbox"/> |
| Employed - part time | <input type="checkbox"/> | Workcover | <input type="checkbox"/> |
| Self – Employed      | <input type="checkbox"/> | Retired   | <input type="checkbox"/> |
| Unemployed           | <input type="checkbox"/> | Student   | <input type="checkbox"/> |

Indigenous status:    Aboriginal     Torres Strait Islander     Both A & ATSI

Country of birth.....

Arrived in country in last 3 months:                                    No     Yes

Languages other than English

#### **How did you find out about volunteering with WCHN?**

- |                    |                          |                    |                          |
|--------------------|--------------------------|--------------------|--------------------------|
| Existing Volunteer | <input type="checkbox"/> | WCHN website       | <input type="checkbox"/> |
| Friend             | <input type="checkbox"/> | Brochure           | <input type="checkbox"/> |
| Client/patient     | <input type="checkbox"/> | Newspaper/magazine | <input type="checkbox"/> |
| WCHN staff member  | <input type="checkbox"/> | VSA&NT             | <input type="checkbox"/> |

Other (please state).....

**Reason for volunteering** (please tick **one option ONLY** which is the main reason)

- |  |                          |   |                          |
|--|--------------------------|---|--------------------------|
| Recently retired   | <input type="checkbox"/> | Experience for future employment          | <input type="checkbox"/> |
| Career move into the area of children/community services | <input type="checkbox"/> | Previous contact with WCH(patient/parent) | <input type="checkbox"/> |
| Helping others   | <input type="checkbox"/> | Social connections                        | <input type="checkbox"/> |

Other – please state.....

**AVAILABILITY**

Please indicate your availability in the chart below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PLACEMENT**

Volunteers are placed in available vacancies according to their skills and abilities. You may indicate your preferred area on the understanding that volunteers will be placed where there is the greatest need. In most cases former patients and family members of former patients will not be placed in the ward or unit with which they were associated.

Please tick areas of interest below:

- |                               |                              |                             |
|-------------------------------|------------------------------|-----------------------------|
| Child contact area            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Adult patient area            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Administration                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Community program             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| CaFHS Clinic or Home Visiting | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| No preference                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Have you or are you currently volunteering with another organisation? (Give details).....

**SKILLS**

Please check the appropriate box below to indicate your current skills.

Administration	<input type="checkbox"/>	Finance	<input type="checkbox"/>
Computer	<input type="checkbox"/>	Food Handling	<input type="checkbox"/>
Customer Service	<input type="checkbox"/>	Data Entry	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	Working with children	<input type="checkbox"/>

Please detail your current or past volunteer and paid work history or attach a CV.

.....

.....

.....

.....

If you are interested in a child contact role what experience have you had with children & young people?  
(Give details)

.....

Please detail any formal qualifications, special skills, attributes or interests that you possess (unless covered in your CV).....

.....

.....

**REFEREES**

Give names and details of 2 referees (not immediate family please)

	Referee #1	Referee #2
<b>Details</b>		
Name		
Phone numbers		
Email address		
Relationship to you		

**MEDICAL INFORMATION:**

Please give details of any medical conditions that may impact, effect or limit the type of activities you can participate in during your voluntary work.

Please give details if applicable:.....  
.....

Do you take medication? No  Yes

If yes, please provide details: .....

**EMERGENCY CONTACT OR NEXT OF KIN: (2 must be provided)**

**#1**

Contact name:.....

Telephone: .....Mobile:

Relationship to you: .....

**#2**

Contact name:.....

Telephone: .....Mobile:

Relationship to you: .....

**DECLARATION**

I declare that the information included in this application is true and correct and that I agree to abide by the rules and regulations of the Women’s and Children’s Health Network.

Signed: ..... Date: .....

**Return this form to:**

Women’s and Children’s Health Network (WCHN)  
Volunteer Unit  
72 King William Rd  
North Adelaide SA 5006  
Email: [wchnvolunteers@health.sa.gov.au](mailto:wchnvolunteers@health.sa.gov.au)  
Fax: 8161 7405