

Volunteer Application Form

Our Vision

Royal Rehab aspires to be: World class lifestyle support, rehabilitation, education and research.

Our Mission

To maximise your abilities and life skills

Volunteering is a rewarding activity - both for the community and for those who volunteer their time and skills to make a difference. People from all walks of life volunteer with Royal Rehab; students volunteer to gain work experience and skills, similarly others volunteer to build up different skills, knowledge and experiences and make new friends.

Volunteering can be a lot of fun and a great way to make a **difference to the lives of others**.

Definition: - *Volunteering is time willingly given for the common good without financial gain.*

Volunteers are not employees. For a voluntary arrangement to exist there must be no intention between an employer and the volunteer to create an employment relationship. The arrangement must be at the volunteer's own free will and there cannot be any element of coercion in the relationship.

Personal Details:

(Mr/Mrs/Ms) Surname: _____ Given Names: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone (hm): _____ (wk): _____ (Mob): _____

Email: _____ Date of Birth: _____

Why do you wish to volunteer at Royal Rehab? _____

What are you hoping to gain through involvement in volunteering at Royal Rehab? _____

Are you of Aboriginal or Torres Strait Islander origin? _____

Are you currently working or studying? Please provide details... _____

1. Emergency Contact Name: _____ Relationship: _____

Telephone number: _____

2. Emergency Contact Name: _____ Relationship: _____

Telephone number: _____

Availability: Please indicate *realistically* the hours next to box e.g. 10.30am-2.30pm

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
9.00am – 3.00pm	<input type="checkbox"/>						
3.00pm – 8.00pm	<input type="checkbox"/>						

How long do you wish to volunteer for? (Please tick) 6 months Up to 12 month Longer term

Work and Volunteering History:

Have you volunteered in the past? YES NO

If yes, please provide details: _____

Please list any skills/talents and qualifications: _____

Please list any hobbies and interests: _____

Please list any languages fluently spoken: _____

Medical History:

Do you suffer from any medical condition (injury, allergy, disorder, illness etc.) that may impact your ability to perform volunteer duties? YES NO

If Yes, please give details: _____

Describe what adjustments we can make to accommodate: _____

Volunteering Preferences:

Royal Rehab has a range of volunteering opportunities and we would endeavour to match volunteers to enable us to provide quality services.

Where would you like to volunteer? (You may tick several areas if you wish)

- Volunteering with Allied Health Professionals
- Driving (Must have 1A Licence)
- Outing assistance (cinema's, bowling, walking to the park, shopping etc.)
- Interest Groups/Recreational Activities (sewing, gardening, music, etc.)
- Administrative assistance (Computer Work, General Office Duties etc.)
- Beauty/pamper days
- Chaplaincy/Pastoral Care
- Personal Visitor
- Other.** Please specify: _____

How did you find out about Volunteering at Royal Rehab?

- Royal Rehab Website Friend Council Website Newspaper
 Royal Rehab College Other. Please specify: _____

Personal References: Please provide Name and Email. Referee *must not* be a relative.

1. Name _____ Email: _____

2. Name _____ Email: _____

Please ensure that your referees have been advised that they have been nominated to support this application and that you consent to them being contacted in regard to this application.

Conditions Associated with this Application:

Confidentiality of Medical Records and Information:

- i. It is absolutely essential to treat any personal details of medical, social or family history of a patient as **STRICTLY CONFIDENTIAL**. In the course of your volunteering at Royal Rehab, you may become aware of such matters concerning patients and their care. Such information is strictly confidential and is not to be discussed in Royal Rehab or elsewhere. Authorised persons may discuss only matters relevant to their own area of responsibility with other relevant persons in Royal Rehab in the course of patient care, official business or study. Any information which may come into your possession by virtue of your volunteering is not to be divulged to unauthorised persons and you are to be particularly careful that you do not, even innocently, raise matters relating to any patient's illness or personal details in general conversation.
- ii. A patient's medical record is only to be read by those who are directly involved with the clinical care of the patient or by volunteers / students under supervision. Only parts of the record, which are relevant to their involvement with the patient, are to be read.
- iii. Royal Rehab takes a very serious view of failure to observe this instruction as it constitutes a breach of the patient's privacy. This places both Royal Rehab and the individual concerned at risk of legal action and its consequences and may constitute grounds for dismissal.
- iv. All external requests for patient information must be directed to the Manager, Clinical Information Department or Director of Medical Services.

Conditions Associated with Volunteering at this Workplace:

- i. Royal Rehab is a smoke-free workplace.
- ii. Volunteer photo identification badges must be worn at all times. Where volunteer Polo Shirts are provided, volunteers are expected to wear these while volunteering. When uniforms are not provided, volunteers are expected to maintain an appropriate standard of dress as outlined in the Royal Rehab Uniform/Dress Code.
- iii. Volunteers will be required to participate in appropriate WH&S and emergency management training to ensure their health and the health and safety of others who may be affected by their activities.
- iv. Volunteers are engaged by Royal Rehab under the terms and conditions of:
 - a) The policies/practices of the Centre
 - b) Adhering to the Volunteer protocols and requirements, including attending Orientation and completing Mandatory Training requirements.

Photo Consent:

Please be advised, photos of Volunteers and clients will be taken at events and regular volunteering sessions. If you do NOT wish to have your photo used indefinitely by Royal Rehab for promotional, awareness raising, fundraising or educational purposes, please advise Volunteer Services ASAP. Photographs may be used in print/electronic publications and may be published on the Royal Rehab webpage (public internet).

Declaration (please tick the boxes):

- I have checked that all the questions have been answered in full and I understand that they are true and correct.
- I am aware that all information regarding the Centre and the clients is confidential.
- I understand that my application is subject to a successful screening process, involving immunisation, reference and Police checks.
- I consent to my photo being taken and used by Royal Rehab for the aforementioned purposes.

Position: Volunteer

Signature of Volunteer: _____ Date: _____

Please ensure that your signature is witnessed and that this form is then signed by your witness.

Signature of Witness: _____ Date: _____

Manager of Volunteer Services can also witness your signing at time of interview.

Successful volunteers will be engaged for a three month trial period. If necessary, this will be reviewed at regular intervals by the Manager of Volunteer Services. The purpose behind this is to give you an opportunity to decide if Royal Rehab is the place you wish to be a volunteer. It also gives Royal Rehab an opportunity to decide if you are suited to this type of volunteering.

Please return form to:

Ayse Dalkic, Manager Volunteer

Services Royal Rehab

241 Morrison Road

Ryde NSW 2112

Email: volunteer@royalrehab.com.au

Ph: 9808 9638

Mob: 0481 000 851

Web: royalrehab.com.au