

Become a Volunteer!

SWSLHD Cancer Services Information Pack



**Cancer Services
Fundraising**



Health
South Western Sydney
Local Health District



Cancer Services Fundraising

Thank you for your interest in being a volunteer for Cancer Services. We have put this package together to explain the opportunities for you to share your time and talents with us, to serve and assist patients, visitors and staff. By helping us with patient /client activities, you are a significant link in helping medical, nursing and allied health staff provide the holistic quality health care that people need.

The Need For Volunteers in South West Sydney Cancer Services

SWSLHD comprises 12% of the residents of New South Wales. The expected number of new cancer diagnoses per year is 5,300. The number of patients surviving their cancer is growing.

Currently, approximately 65% of patients will live longer than 5 years after their cancer diagnosis and the vast proportion of these patients are cured from their cancer.

The South West Sydney Local Health District Fundraising Services requires volunteers for a number of projects across all sites within our health District, including;

Liverpool Campbelltown/Camden Southern Highlands Bankstown

Our Volunteer Programmes:

- **Concierge** – Providing meet & greet, and guiding patients to the various departments they may need to visit, offering patients drinks and snacks, or administrative errands. Gift shop or trolley service with items such as books, personal care items
- **Event support** - Assisting with campaigns (Dry July, 24hr fight), selling raffle tickets, raising money for specialist hospital equipment, researching fundraising opportunities & events.
- **Visitations** - providing companionship and visiting patients who may be lonely or who would benefit from cultural support
- **Support** - specialised support e.g. Helping to feed patients, supporting palliative care carers to take some respite
- **Skilled Wellness Program Leader** - with your specific skills for patients/carers. Diversional skills eg art, craft skills, music therapy , Justice of the Peace (JP) etc

***Please note that other ancillary tasks may be added to each volunteer programme**

BECOME A SPONSOR TODAY



Superhuman Sponsor
\$1,000,000+

including equal naming rights of the Wellness Centre



Super Room Sponsor
\$100,000+



Super Supporter
\$10,000+



Supporter
\$500+



What is your next step?

1. Choose the hospital you want to be based at
2. Choose your Volunteer Programme
3. Decide what days and times you are available
4. Fill out the attached forms
5. Call (02) 8738 9808 or 8738 9816 to make an appointment to discuss and submit your forms

What do I get for volunteering?

- Certificate of Appreciation each year of service
- A sense of achievement and pride that comes with giving something back to your local community
- Meeting new people & providing a welcoming atmosphere.
- An opportunity to observe potential career opportunities

Important things to know before you sign up as a volunteer:

- All volunteers are subject to a National Criminal Record Check (**NCRC**). NSW Health will cover the costs of your NCRC. Results of the NCRC take approximately 6 weeks.
- All volunteers must attend a mandatory orientation session at the nominated hospital
- All volunteers must sign the *NSW Health Code of Conduct*
- All volunteers who have contact with patients must be vaccinated. NSW Health will cover the costs associated with vaccinations. If you have already been vaccinated, you will be required to provide a letter from your doctor confirming the details of your vaccinations.

THANK YOU AND WE LOOK FORWARD TO YOU JOINING US!

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Super Room Sponsor
\$100,000+



Super Supporter
\$10,000+



Supporter
\$500+

100 Point Identification Checklist

Appendix 8

Instructions

- (a) The 100 point identification check **must** be completed and checked against the applicant's completed NSW Health National Criminal Record Check Consent Form prior to lodgement of a National Criminal Record Check (or National Criminal Record Check for Aged Care purposes). *
- (b) Employers are required to sight **original** identifying documents (scanned or photocopied certified copies are not acceptable), as listed on page 2, and ensure that an appropriately delegated officer checks the details and completes the record of identifying documents below. There is no requirement to retain copies of the identifying documents.
- (c) Identification **must** be current and **must** include at least one type of photographic ID and identification that contains a signature and date of birth. Passport and/or Driver's License are preferred.
- (d) The point score of documents produced **must** total at least 100 points (refer to page 2)
- (e) **The applicant must provide evidence of ability to work in Australia: If their documents do not include an Australian or New Zealand passport or an Australian birth or citizenship certificate, an appropriate visa or work permit allowing the person to work in Australia must be sighted.**

Applicant's Full Name: _____

Mandatory record of identifying documents sighted:						
Description of document	Full name on document	Date issued	Place/ Office of issue/ issuing organisation	Expiry date	Checked Against Consent Form *	Points
Mandatory record of document sighted that confirm person's ability to work in Australia						
Total points						

I have checked the details provided above against the applicant's National Criminal Record Check consent form as required at point (a) above, and I confirm:

The names in the ID documents are included in the consent form, and
 Any reference numbers for documents detailed in the consent form match those I have sighted today, and
 The applicant has provided evidence that they are allowed to work in Australia, as required at point (e) above.

I have also confirmed with the applicant that all aliases / former / middle names are included in the consent form.
 (Note: Failure to include all names may warrant the check invalid).

Name: _____
 Position: _____
 Signature: _____ Date: _____

Fact sheet 16

How do I apply?

July 2014



If you are starting a new **paid** job in child-related work in NSW, you need to apply for a Working With Children Check.

If you are currently employed or you volunteer in child related work, please see [FACT SHEET: Phase-in schedule](#) and [FACT SHEET: Exemptions](#) on our [Fact sheets and resources web page](#).

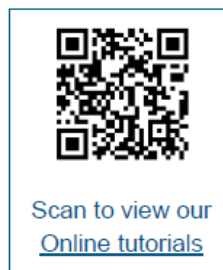
If you are applying from overseas or interstate, please see [FACT SHEET: Overseas applicants](#) or [FACT SHEET: Interstate applicants](#).

STEP 1: Complete an online application form

- Go to www.kidsguardian.nsw.gov.au/check and complete the online application form. If you do not have access to the internet, please telephone (02) 9286 7219 for assistance.
- Please make sure the details you provide are **EXACTLY THE SAME** as the details on your identity documents. If you have submitted the form with a mistake, please redo the form to avoid problems with the proof of identity requirement at step two.
- Ensure you select the correct category: paid or volunteer worker. The \$80 fee for paid workers is not refundable if you are a volunteer and you choose 'paid worker' by mistake. A Check for paid workers will cover both paid and volunteer work in NSW for five years.
- Once you have submitted the form, you will receive an application number that looks like this: APP1234567.



Need help? Watch the [online tutorial on YouTube](#). More video tutorials are available on our website: [Online tutorials](#).



STEP 2: Present proof of your identity

- Go to a NSW Motor Registry, RMS agency, or Service NSW office (not your local Council). Find a location at www.service.nsw.gov.au/service-centre.
- You will need your application number and [proof of your identity](#). You must have both of these items for your application to proceed.
- If you are in paid work, you will also be required to pay an \$80 fee for a five year clearance. See [FACT SHEET: Fee information](#).

Suite 1, Level 13,
418A Elizabeth Street
Surry Hills NSW 2010

Check: 02 9286 7219
Fax: 02 8219 3699

ABN 43 304 920 597
www.kidsguardian.nsw.gov.au/check
Email: check@kidsguardian.nsw.gov.au



PLEASE NOTE: Before you go to submit your proof of identity

- You cannot submit proof of identity on behalf of someone else. You must appear in person with your own documentation.
- Proof of identity cannot be performed outside of NSW. It must be completed at a NSW Motor Registry, RMS Agency, or Service NSW office.
- Additional identity verification options are available for authorised carers and their adult household members who live interstate, and for those who are medically unable to attend a motor registry or RMS Agency. See [FACT SHEET Interstate or incapacitated authorised carers or householders: Identity verification options](#).

Receiving your results

You will receive your outcome and Working With Children Check number by email (or post if you do not have an email address). See also [FACT SHEET: When will I receive my results?](#) If you have not received your results within four weeks, please email your details and application number to check@kidsguardian.nsw.gov.au.

Find a NSW motor registry

Locations of Motor Registries, RMS Agency, or Service NSW offices can be found at www.service.nsw.gov.au/service-centre.

More information

For more information, please go to the [Frequently Asked Questions \(FAQ\)](#) available from at www.kidsguardian.nsw.gov.au/check.

If you have a question, please email check@kidsguardian.nsw.gov.au.

Disclaimer: The material provided in this Fact Sheet is for guidance only. Every effort has been made to ensure that the information is accurate, current and not misleading. However, this cannot always be guaranteed and no warranty is given that the information is free from error or omission. Users should exercise their own skill and care with respect to the use of the material. The information is also not a substitute for independent legal or other professional advice and users should obtain appropriate professional advice relevant to their particular circumstances.

The Office of the Children's Guardian does not guarantee, and accepts no legal liability whatsoever for any act done, omission made, loss, damage, cost or inconvenience arising from, connected to, or as a consequence of, using or relying on the material contained in this Fact Sheet.

National Criminal Record Check Consent Form

NATIONAL CRIMINAL RECORD CHECK CONSENT FORM

Please read the General Information sheet attached and complete all sections of this Form. Provide all names which you are currently known by, or have ever been known by, including aliases and any name changes, including by Marriage or by Deed Poll. NSW Health is required to sight your original identifying documents as per NSW Health's 100 point ID Checklist.

Is this a renewal check (Aged Care Only) Yes No

	Family Name	Given Name (Primary)	Given Name 2	Given Name 3
Primary Name				
Maiden Name				
Previous/Alias Name 1				
Previous/Alias Name 2				
Previous/Alias Name 3				
Previous/Alias Name 4				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth	/ / (dd/mm/yyyy)	
Place of Birth	Suburb/Town:			
	State:		Country:	
Current Residential Address	No/Street:			
	Suburb/Town:			
	State:		Postcode: Country:	
Postal Address (If same as Residential Address, write "As Above")				
Previous Address (over the last 5 years) - If full details of previous addresses are unavailable, names of towns and States/Territories of residence will suffice.				
Previous Address (if any)	No/Street:		Period of Residence: Provide year only if full date unknown	
	Suburb/Town:		From:	To:
	State: Postcode: Country:			
Previous Address (if any)	No/Street:		Period of Residence	
	Suburb/Town:		From:	To:
	State: Postcode: Country:			
Previous Address (if any)	No/Street:		Period of Residence	
	Suburb/Town:		From:	To:
	State: Postcode: Country:			
Email				
Telephone No	Mobile:	Business:	Private:	
Position			Type of Position	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
If you have used one of these documents to verify your identity, please fill in these details:				
Driver's Licence (Number)			Issuing State:	
Firearms Licence (Number)			Issuing Agency:	
Passport Details (Number)			Type: <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> UN Refugee	Issuing Country:

1. I acknowledge that I have read the General Information sheet and understand that Spent Convictions Legislation, in the Criminal Records Act 1991 in the Commonwealth and many States and Territories protects "spent convictions" from disclosure and understand that the position for which I am being considered may be in a category for which exclusions from Spent Convictions legislation apply.
2. I have fully completed this Form, and the personal information I have provided in it relates to me, contains my full name and all names currently and previously used by me, and is correct;
3. I acknowledge that the provision of false or misleading information is a serious offence and acknowledge NSW Health is collecting information in this Form to provide to CrimTrac Agency (an Agency of the Commonwealth of Australia) and the Australian Police Agencies.
4. I consent to:
 1. NSW Health forwarding details obtained from this form to the CrimTrac Agency and to Australian police agencies or other relevant law enforcement agencies, if required.

Consent to Compliance with Health Code of Conduct

I have read and understood the above Code of Conduct, and agree to comply with its provisions at all times while working in NSW Health.

By signing this Code I acknowledge my commitment to achieving the best outcomes for patients and playing my part in ensuring that my working environment is safe and supportive.

..... *Print name*

..... *Signature*

..... *Date*

Probity Verification form

Please print clearly (illegible checks cannot be processed)

1. Name of Volunteer:

2. Volunteer role being filled:

Department:

Facility:

Volunteer role description (if applicable) is attached Yes No

3. Volunteer recruiter's Name : _____ Signature _____

Email Address: _____

Phone: _____ Mobile _____

The following forms are attached and /or processes have been verified :

1. ID form & sighted photo ID (100points)

I have verified the compulsory photo ID and it is attached. I have verified Names; aliases; maiden names; and names changed by deed poll and these have been included on the consent form.

2. References

Details have been collected

3. Working with children check

4. Volunteer screening and vaccination compliance assessment and volunteer declaration

5. Consent for criminal record check

I have advised suitable volunteers that formal offers of appointment will be issued only after clearance of the National Criminal Record Check and obtaining a WWCC as per MOH Policy.

6. Consent to comply with Code of conduct signed

7. Health screening declaration supplied

Maintaining a healthy and safe environment

For our patients and for you maintaining a safe and healthy environment is a priority so we need to ensure that you are suitably immunised and healthy for the role that you are seeking to do.

Please read the **Acceptable evidence of protection against specified infectious diseases form** below and take this to your GP who will be able to assist you in determining provision of the necessary evidence.

Acceptable evidence of protection against specified infectious diseases			
1. A written record of vaccination (i.e. Adult vaccination record card or general practitioner letter) signed by the medical practitioner, and/or 2. Serological confirmation of protection, and/or 3. Other evidence, as specified in the table below			
The vaccination record card MUST contain <input checked="" type="checkbox"/> Vaccine name, batch number and date given <input checked="" type="checkbox"/> Official certification from vaccination provider (e.g. clinic/practice stamp and signature) <input checked="" type="checkbox"/> Serology results recorded on the card requires a signature and stamp. A copy of the original pathology results is preferred. <input checked="" type="checkbox"/> Evidence must be legible and written in English In certain specialised clinical settings, the health facility <i>may</i> require serological evidence of protection (in addition to evidence of vaccination or other evidence) to minimise the risk to vulnerable patients.			
Disease	Evidence of vaccination		Documented serology results
<i>Diphtheria, tetanus AND Pertussis (whooping cough) (dTpa)</i>	One dose of ADULT type dTpa (Boostrix or Adacel)		Not accepted
****PLEASE CONFIRM**** WITH YOUR GP THAT YOU ARE RECEIVING EITHER BOOSTRIX OR ADACEL (dTpa) AND NOT ADT			
<i>Hepatitis B</i>	History of completed age-appropriate course of Hepatitis B vaccine AND	Anti-HBs (surface antibodies) greater than or equal to 10mIU/ml OR	Anti-HBc (core antibodies) indicating past infection
<i>Measles, mumps, rubella (MMR)</i>	2 doses of MMR vaccine - at least one month apart OR		Positive IgG for measles, mumps and rubella <i>Results of not detected /equivocal require a 2 dose course</i>
<i>Varicella (chickenpox)</i>	2 doses of varicella vaccine at least one month apart OR <i>Evidence of one dose is sufficient if the person was vaccinated before 14 years of age</i>		Positive IgG for varicella <i>Results of not detected/ equivocal require a 2 dose course</i>
<i>Tuberculosis (TB) Assessment</i>	<ul style="list-style-type: none"> • BCG Vaccination history • Tuberculin skin test (<i>TST or Mantoux</i>) history • Chest X-ray report from the last 3 years • TB blood screening may considered (<i>Contact the facility Staff vaccination provider for advice</i>) 		

You then need to complete the **VOLUNTEER SCREENING & VACCINATION COMPLIANCE ASSESSMENT** and **Volunteer Vaccination Declaration/Undertaking Form** on page 9 that follows

Form 4: VOLUNTEER SCREENING & VACCINATION COMPLIANCE ASSESSMENT
This form must be submitted with vaccination documentation to the Staff Health / Vaccination Nurse
Title (please tick ✓) Mr [] Mrs [] Miss [] Ms [] Dr []
Surname:
Former Names (if applicable):
Given Names:
Date Of Birth:
Gender: (please tick ✓) Male [] Female []
Contact Phone Number(s):
Email Address: _____@_____
Country of Birth:
Countries lived or travelled for the last 3 years (include the time spent in each country):
Are you a former Volunteer/ Employee? YES [] NO []
Volunteer coordinator
Contact No:
Department:
Facility:
Volunteer Vaccination Declaration/Undertaking
<i>Volunteer applicants must complete each part of this Vaccination status Undertaking/Declaration and return this form to the health facility as soon as possible so that their screening and vaccination status can be determined. Failure to complete outstanding requirements within the appropriate timeframe may delay your commencement</i>
Please tick ✓ [where applicable]
<input type="checkbox"/> I understand that as a volunteer I will need to comply with the requirements of the NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy Directive. <input type="checkbox"/> I agree to participate in the required assessment, screening and vaccination process and I am not aware of any personal circumstances that would prevent me from completing these requirements, OR <input type="checkbox"/> I agree to participate in the assessment, screening and vaccination process, however I am aware of medical contraindications that may prevent me from fully completing these requirements and am able to provide documentation of these medical contraindications. I request consideration of my circumstances.
Please tick ✓ [where applicable] I have evidence for protection of :
<input type="checkbox"/> Pertussis <input type="checkbox"/> Diphtheria <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/>
<input type="checkbox"/> I have evidence of protection for Hepatitis B, OR <input type="checkbox"/> I have received the first dose of hepatitis B vaccine (documentation provided) and agree to complete the hepatitis B vaccine course (as recommended in the <i>Australian Immunisation Handbook</i> , current edition) and provide a post-vaccination serology result within six months of appointment/commencement of duties.
<input type="checkbox"/> I agree to comply with any protective measures required by the health service to reduce the risks of infection and the consequences of infection and management in the event of exposure as explained in: <i>Information Sheet 3: Specified Infectious Diseases: Risks, consequences of exposure and protective measures</i>
I declare that the information I have provided is correct
Name _____ DOB _____
Signature _____ Date _____

STAFF HEALTH / VACCINATION CLINIC USE ONLY

[Please tick where applicable]

VOUNTEER CATEGORY (circle) A or B

SUITABLE FOR volunteer duties :

COMPLIANT: Meets screening/vaccination requirements of the NSW Health Policy Directive 'Occupational Screening and Vaccination Against Specified Infectious Diseases Policy Directive 2011_005. CONDITIONAL: Applicant meets the mandatory requirements of the policy directive and can commence volunteering duties under the condition that they complete the remaining screening and vaccination requirements within the required timeframe.

NOT SUITABLE: Does not meet the minimum screening/vaccination requirements according to the NSW Health Policy Directive 'Occupational Screening and Vaccination Against Specified Infectious Diseases Policy Directive 2011_005.

Name of Provider Signature of Provider
(An authorized vaccination provider from the employing health care facility must sign this section)

Facility Date

This form and the Undertaking/Declaration are to be returned with volunteer paperwork to the submitting department

Please forward any vaccination health records to the Staff Vaccination Coordinator or return them to the applicant.

Summary of Forms to be completed

Still interested in joining our team of Volunteers at the Hospital and able to volunteer for at least 4 hours per week, then please ensure you complete each of the following forms.

1. Application Form
2. Code of Conduct - Read, sign and return the back page
3. ID 100 point form and passport, drivers licence or other ID which we will need sight your original documents at interview.
4. Working with Children Check - You will need to complete this online and go to the Motor registry for ID Verification.
5. Criminal Record Clearance Form
6. Vaccination evidence and health screening declaration form
7. Part A on the Volunteer Reference Check form -details for your referees

Volunteer application form

Most of our areas have a volunteer job descriptions or more specific role descriptions eg Palliative Care Volunteer. You should look at this to see if it matches your needs and skills.

An example "meet and greet job description for the Wellness centre" follows

MEET and GREET VOLUNTEER JOB DESCRIPTION – Cancer Therapy Centre

Position Title	Meet and greet volunteer
Location:	Liverpool Hospital, Wellness Centre Level 1
Reports to:	Wellness Centre Manager : Jan Heslep
Hours	Minimum 4 hr shift (days and times negotiable as per availability)
Position Description:	<p>Duties</p> <p>To provide a friendly and helpful customer service to visitors attending the wellness centre. The centre provides various engagement options and activities to clients using the centre including.</p> <ul style="list-style-type: none"> • A welcoming environment away from the treatment areas • A termly calendar of courses for patient /carers to gain a range of skills. • An opportunities for community members engage more fully in their own wellness by meeting peers/sharing stories and having available options to connect or develop new interests. • A range of Psychological or social support options
<p>TASKS</p> <p>Some or all of the following tasks may be required:</p>	<ul style="list-style-type: none"> • This may include any or all of the following • Distribution of brochures about the centre • Taking clients to and from the centre • Meeting and greeting visitors • Ensuring all centre users sign the visitors book • Serving of refreshments e.g. tea, coffee, snacks • Provide companionship as appropriate • Ensure the wellness area is kept looking welcoming and tidy • Provide hand massage/manicures • Encourage and support people to access information and library materials, • Promote use of music playing equipment for clients to use when having treatment • Promote support and educational activities on the termly calendar • Assist staff to maintain up to date information upon request e.g. check phone and contact details are up to-date to give to clients • Demonstrate how to find information on the wellness centre laptop • Conduct a range of art/craft activities for distraction/therapeutic benefit e.g. knitting, colouring in mandalas, crochet, badge making, paper folding and other art craft activities • Conducting basic encouragement to exercise as appropriate e.g. taking a walk around the park at the front of the hospital, basic stretches. • Referring clients needing additional support to cancer care coordinators, social workers, psychologists • Collating attendance statistics for the shift
SKILLS /EXPERIENCE	<p>Essential</p> <p>Good communication skills</p> <ul style="list-style-type: none"> • Genuine interest in engaging with people • Ability to listen, speak tactfully and be aware of nonverbal/body language • Able to be patient when explaining information to people from diverse cultural backgrounds • Discretion and ability to comply with SWSLHD confidentiality requirements

	<p>Team work skills</p> <ul style="list-style-type: none"> • Able to work as part of the team <p>Art /Craft skills</p> <ul style="list-style-type: none"> • Experience in making hobby art craft items • Ability to demonstrate and teach Diversional pursuits as required eg art /craft /cooking techniques <p>Administrative skills</p> <ul style="list-style-type: none"> • Able to record basic statistics on daily sheet • Collation of daily data • Ability to follow task checklists as needed <p>Desirable</p> <ul style="list-style-type: none"> • Able to commit time to volunteer on a regular basis e.g. one day a week for 6 month • Bilingual skills • Personal experience in recovering from cancer • Willing to undertake any training /skill development that may be required
--	--

OH&S Statement

SWSLHD is committed to providing and maintaining a safe and healthy working environment for all staff, volunteers, contractors and visitors.

Agreement

1. I agree to participate in volunteer orientation and any ongoing training,
2. I agree to undertake duties assigned to me in a professional manner, respecting at all times the rights and dignity of others.
3. I agree to keeping confidential any and all information in relation to this position, including client and volunteer information.
4. As part of my duty of care towards clients and others I agree to abide by the Code of Conduct
5. I am prepared to undertake the duties and responsibilities as described in the Position Description above.
6. I understand the position will require me to authorise for conduction of a Police Check
7. I agree to provide a Working with Children Check
8. I acknowledge my first three months will be probationary from my commencement date – after which my ongoing commitment will be reviewed.
9. I agree to attend any volunteer meetings required.

Volunteer Name: _____ Date: _____

Signature: _____

Supervisor Name

I have carefully reviewed this Position Description and am satisfied that it fully and accurately describes the position requirements.

Name: _____ Date: _____

Signature: _____

Application form

You need to complete an application form. An example for the wellness centre position above follows.



VOLUNTEER PROGRAMME APPLICATION FORM

Name:			
Address:			
Phone:	Home:	Work:	Mobile:
Fax:		Email:	
Date of Birth:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	

Languages Spoken other than English:
Current Occupation:
Previous Occupation:
Interests/Hobbies/Skills:

Are you of Aboriginal or Torres Strait Islander origin?

- [] No [] Yes, Aboriginal [] Yes, Torres Strait Islander
[] Yes, Both Aboriginal & Torres Strait Islander

Why do you want to be a Wellness Program Volunteer?

How did you find out about this program? Please tick

- Newsletter Word of mouth
 Newspaper Other (please specify) _____

Have you had previous experience as a volunteer in a “people -focussed role”? If so, please tell us about aspects of the role that you found positive or challenging?

In the past 2 years what experience have you had either personally or with people close to you who may be living with cancer?

What insights, skills or knowledge do you have that might be of practical assistance to people living with cancer?

Looking after people with cancer can be emotional. How will you handle being emotionally upset when someone you've got to know may have deterioration in their condition?

What is your own approach to staying well and healthy in your own life?

How would you describe your own current state of health?

Do you have any physical restrictions that might influence the type of wellness activities you can help us with? If so, please provide some information.

What times (am/pm) would best suit you to volunteer? How many hours can you commit to?

<input type="checkbox"/> Monday	<input type="checkbox"/> 9-1pm	<input type="checkbox"/> 1-5pm	<input type="checkbox"/> other please tell us _____
<input type="checkbox"/> Tuesday	<input type="checkbox"/> 9-1pm	<input type="checkbox"/> 1-5pm	<input type="checkbox"/> other please tell us _____
<input type="checkbox"/> Wednesday	<input type="checkbox"/> 9-1pm	<input type="checkbox"/> 1-5pm	<input type="checkbox"/> other please tell us _____
<input type="checkbox"/> Thursday	<input type="checkbox"/> 9-1pm	<input type="checkbox"/> 1-5pm	<input type="checkbox"/> other please tell us _____
<input type="checkbox"/> Friday	<input type="checkbox"/> 9-1pm	<input type="checkbox"/> 1-5pm	<input type="checkbox"/> other please tell us _____

What would you like to do? Please tick relevant box.

- Involve cancer patients & carers in diversional activities e.g. knitting, art, craft, jigsaw puzzles , games
- Teach skills I have e.g. meditation, flower arranging, cooking healthy recipes, music, singing etc
- Encouraging cancer patients to be physically active e.g. being a walking buddy, 10 min. chair exercises
- Assist with general reception, admin and promotion and way finding duties
- Help with Community linking & information support eg helping people to find information on the laptop eg cancer support/wellness programs close to home
- Share my story, be an ambassador to help others
- Other – please tell us _____

If successful you will have to attend a hospital orientation program so that you are aware of important matters such as infection control , work health safety procedures, privacy, code of conduct , fire safety etc. held at Liverpool Hospital. You will also need to attend regular bimonthly volunteers meetings held monthly for 2 hrs.

Are you able to commit to the training? Yes No

There is limited parking available on site. Are you able to use public transport to attend the centre? Yes No

We need to contact two people with your permission for a reference. Please provide details .

Name:	Phone:
Occupation:	Relationship to applicant:

Name:	Phone:
Occupation:	Relationship to applicant:

Contact person in case of emergency:

Name:	Phone:
Occupation:	Relationship to applicant:

Are you an Australian Citizen or Permanent Resident? Yes No

If No, do you hold a current work permit?

Have you had a workers' compensation claim lodged? Yes No

If Yes, please give details: _____

NSW Ministry for Health policy requires that volunteers undertake a national criminal record check and a working with children check. I consent to completing these checks

Yes No

I certify that the above details are correct to the best of my knowledge and belief.

I understand and agree that the terms and conditions of working as a volunteer will be in accordance with the By-laws of the SWS LHD.

Name: _____ **Signature:** _____

Date: ____/____/____

THANK YOU FOR COMPLETING THIS FORM.

Interview and referee checks

After your paperwork has been received we will then contact you with an interview date. At your interview we will need to sight your original ID, collect your signed page of the Code of Conduct and gather information from suitable referees.



Cancer Services Wellness Centre Program

Volunteer Reference Check Form 2

Procedure

Two reference checks are needed for applicants being considered for acceptance into the SWSLHD Cancer Services Wellness Centre Volunteer Program. These references check each person's (i) behaviour and community standing; and (ii) suitability for the volunteer role for which they are applying. Applicants will:

- Need to provide names of suitable referees. These should not be relatives but people who have known the person for some time e.g. GP, former or current employer, member of religious community, friend, and sports club associate etc.
- Information obtained from reference checks is compiled below and then assessed in relation to the voluntary duties of the role.

Part A

Volunteers name

Volunteer duties

Referee 1	Referee 2
Referee's Name:	Referee's Name:
Referee's Position:	Referee's Position:
Referee's Contact No:	Referee's Contact No:
Email: _____	Email: _____

Part B Office use only

1. Relationship with the Applicant:

1.1 In what capacity do you know the applicant

2. How would you rate the applicant's communication skills with the public?

- Excellent Above Average Average Below Average Poor

Comments

3. How would you rate the Applicant's ability to learn new tasks?

- Excellent Above Average Average Below Average Poor

Comments

4. How would you rate the Applicant's ability to follow instructions /protocols?

Excellent Above Average Average Below Average Poor

Comments

5. How would you rate the Applicant's ability to work independently?

Excellent Above Average Average Below Average Poor

Comments

6. What experiences in dealing with cancer would the applicant be able to offer?

7. What teaching experience would the applicant be able to offer?

8. Is there anything else which you think would be relevant and appropriate for us to consider in relation to the person's suitability?

9. Any other comments?

Satisfactory applicants

If your application and all checks are satisfactory you will then be sent a letter of offer and a start date. Arrangements will then be made for you to meet with the volunteer coordinator for your designated area who will organise commencement and attendance at an orientation. A Photo identification card and name badge will be issued to you at the commencement of your service.

Orientation

Orientation will cover infection control, work health safety procedures, privacy requirements, code of conduct, and general and fire safety.

Finally

We understand this is a lot of information to absorb. We take the role that volunteer's value-add to our patients and our organisation very seriously. We hope by packaging the information clearly in one booklet the requirements involved are clear. We look forward to receiving your application and welcoming you to join us to provide the holistic quality health care that our community needs.