



Volunteering Application

Please complete this form and email to CHCA-Volunteers@calvarycare.org.au

Please see the role advertisement for application closing date

Personal Details

Title		Surname	
Given Name		Preferred Name	
Birth Date		Gender	
Address			
Suburb			
State		Postcode	
Email Address			
Phone		Mobile	

Emergency Contact Details

Surname		Given Name	
Relationship to you		Phone	
Email			

Your interest and experience

Personal protective equipment such as surgical masks (non-patient contact roles) and N95 surgical masks plus a face shield (patient contact roles) are currently required for all hospital staff. Are you prepared to volunteer with these requirements in place?

Why are you interested in volunteering at Calvary Hospitals or the Mary Potter Hospice?

Calvary's values are Hospitality, Healing, Stewardship and Respect. Which of these resonates most with you and why?

If interested in a **Calvary Hospital Patient Support** role, do you have any experience in a health, hospital or customer focussed environment?

If interested in a **Mary Potter Hospice Family and Patient Support** role, do you have any experience in a palliative care or end of life environment?

If interested in a **Calvary Hospital Administration Support** role, do you have any experience in a health, hospital or administration focussed environment?

What is your greatest strength and how would it help you in a volunteering role?

What has been your most rewarding experience helping someone else?

What do you think you would find personally challenging in a volunteering role?

We ask that you intend to volunteer 4 hours per week for at least 1 year. Will this fit with your other commitments?

Background

Current/previous occupation

Are you currently:

- | | | |
|---|--|---|
| <input type="checkbox"/> Employed Full Time | <input type="checkbox"/> Employed Part Time / Casual | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Studying | <input type="checkbox"/> Retired | <input type="checkbox"/> Other (please state) |

Do you have a health concern which could be aggravated by or a medical condition which could occur whilst volunteering?

Yes No

If yes, please give relevant details:

Have you experienced a death in your family or close circle of friends within the last year?

Yes No

Do you speak any languages other than English?

Yes No

If yes please give details:

Are you related to any Calvary Employees?

Yes No

If yes please provide name, hospital site and department they work in:

Sites available to volunteer at:

Please select all that apply:

- Calvary Adelaide Hospital (City)
 Calvary North Adelaide Hospital (North Adelaide)
 Mary Potter Hospice (North Adelaide)
 Calvary Central Districts Hospital (Elizabeth Vale)

Type of role interested in:

Please select all that apply:

- Calvary Hospitals Patient support
 Mary Potter Hospice Family and Patient support
 Calvary Hospitals Administration support

Availability to volunteer:

We aim to match your availability with vacant roles, however your preferred time may not always be available. To ensure the best chance of finding a match, please circle all times that may work for you:

Days: Mon / Tues / Wed / Thurs / Fri / Sat / Sun / Any day

Hospital Times: 9am – 1pm / 4 – 8pm / Anytime

Mary Potter Hospice Times: 7.30-11.15am /11am–2.45pm /2.30-6pm /Anytime

If offered a volunteer role, Calvary requires evidence of full COVID vaccination and free National Police and Working with Children Checks. Would you be prepared to provide/obtain these checks?

Yes No

How did you hear about this volunteer opportunity?

- SEEK Volunteer Go Volunteer Word of mouth
 Place of study Facebook Other (please state)

Referees

Please provide details of two professional referees we can contact in support of your application. These referees should be people that have known (preferable supervised) you in a volunteering, employment or study environment. If your referee is not in Australia, please ensure an email address is supplied.

Referee 1

Name		How do you know this person?	
Phone		Email	

Referee 2

Name		How do you know this person?	
Phone		Email	