

VOLUNTEER APPLICATION FORM



Do you enjoy being part of a team?
Do you have skills you want to utilise for a good cause?

Why not consider Volunteering at Concord Hospital?

Please fill in your details below & a representative from our Marketing Department will contact you.

Full Name:

Address:

Post Code

Contact Number:

E-mail

1. What area/type of work are you interested in? Select all that apply:

- Assisting patients in ward
- Market Day On The Green
- Wayfinding/Concierge for patients, families and carers
- Driving Courtesy Cart for patients, families and carers
- Pastoral Care
- Administrative support (scanning, filing, phone calls)
- Creating care packs
- Reading/talking to patients
- Operating food/coffee/tea cart
- Other (Palliative Care, BURNs Peer Support)

2. What kind of skills/attributes can you contribute to our Hospital?

3. What days & times are you available to volunteer? Select all that apply:

Monday Tuesday Wednesday Thursday Friday

8am-12:30pm

8:30am-1pm

9am-3pm

2pm-6pm

4. Reference – please provide a name & contact number for one recent referee (does not include family members)

Name:

Contact Number:

Please return your completed form to:

**Community Participation Coordinator
Building 75, Level 3,
Concord Hospital
Hospital Road
Concord NSW 2139**

E-mail: SLHD-ConcordInfo@health.nsw.gov.au

**** Please note a probationary period of 3 months applies**

Office Use Only

Interview Date: _____

Reference Check:

Orientation Date: _____

CRC Cleared:

Uniform Issued: _____

ID Badge Issued:

Next of Kin details:

Position description: