

VOLUNTEER REGISTRATION FORM

Thank you for your interest in assisting The Bays Healthcare in a voluntary capacity.

The Bays Healthcare Group incorporates a hospital in Mornington and The Bays Aged Care at Hastings. Both sites welcome volunteer assistance in a number of areas. If you would like to be involved with The Bays volunteer program please fill in the relevant details and return the form to the Volunteer Coordinator at:

The Bays Healthcare Group Inc,
PO Box 483,
Mornington 3931

Alternatively, you can email volunteer@thebays.com.au or visit the Volunteer Coordinators office at The Bays Healthcare, Vale Street, Mornington.

PERSONAL DETAILS

SALUTATION: Mr, Mrs, Ms, Miss, Other _____

FIRST NAME: _____ MIDDLE NAME: _____

SURNAME: _____

ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE BH: _____ MOBILE: _____

EMAIL _____

DATE OF BIRTH: (for insurance purposes only) _____

YOUR PREFERRED CORRESPONDENCE

Email Postal

EMERGENCY CONTACT PERSON

SURNAME: _____ GIVEN NAME: _____

TELEPHONE BH: _____ MOBILE: _____

MEDICAL INFORMATION (Allergies, disabilities or conditions)

Do you have a past or current medical condition that may affect your performance in the role applied for, or which may be aggravated or worsened by the duties of the role?

Yes No

If yes, please describe in detail:

.....
.....
.....

REFEREES

Please include details of two referees (please do not include family members)

FULL NAME: _____

TELEPHONE: _____ RELATIONSHIP: _____

FULL NAME: _____

TELEPHONE: _____ RELATIONSHIP: _____

My areas of interest are: (please tick the areas that most interest you)

Mornington

- | | |
|---|--|
| <input type="checkbox"/> Patient Liaison Officer (administration) | <input type="checkbox"/> Community Ambassador |
| <input type="checkbox"/> Flower arrangement | <input type="checkbox"/> Reliever program |
| <input type="checkbox"/> Knitters/Gift Shop | <input type="checkbox"/> Focus Group Participation |
| <input type="checkbox"/> Patient Companionship (Wards) | <input type="checkbox"/> General Administration |
| <input type="checkbox"/> Day Surgery Unit | <input type="checkbox"/> Concierge |
| <input type="checkbox"/> Gardening | |

Hastings

- | | |
|--|---|
| <input type="checkbox"/> Lifestyle (includes crafts, diversional therapies and leisure activities) | <input type="checkbox"/> Resident Companionship |
|--|---|

Availability

I am available on the following days:

Monday	Morning	Afternoon	Evening	Saturday	AM	PM
Tuesday	Morning	Afternoon	Evening	Sunday	AM	PM
Wednesday	Morning	Afternoon	Evening			
Thursday	Morning	Afternoon	Evening			
Friday	Morning	Afternoon	Evening			

How did you hear about The Bays Volunteers?

Why do you want to become a volunteer?

How long would you be available to volunteer?

- 1 year More than a year Other (please list)

Please advise on any skills, interests, previous training/education and experience (in any area eg. Arts/craft, cooking, exercise, gardening, musical talents and administration). Please attach extra page if required.

Would you like to be contacted for?

- | | |
|--|---|
| <input type="checkbox"/> Promotional and Public Events | <input type="checkbox"/> Occasional Administrative Duties |
| <input type="checkbox"/> Other volunteer vacancies | <input type="checkbox"/> Fundraising Activities |

I consent to receiving fundraising and promotional material from The Bays Healthcare Group

Signature: _____ Date: _____

Please note that Police Checks, Working with Children Checks and Vaccination Certificate will be required by volunteers to participate at The Bays Healthcare Group. All information collected will be held in accordance with organisation policies and procedures together with the Privacy Act 1988.