

**TOWNSVILLE HOSPITAL FOUNDATION - VOLUNTEER APPLICATION FORM**

**Please Print Clearly:**

**PERSONAL DETAILS:**

Title:.....First Name/s:.....Last Name:.....  
 Address:.....  
 .....Postcode:.....Date of Birth:.....  
 Work phone number:.....Home phone number:.....  
 Email:.....  
 Preferred method/s of contact:

Work Phone    Home Phone    Mobile    Fax    Email    Post

**REFERENCES:**

Please provide details of two references from whom confidential reports may be obtained. **These people cannot be family or social friends and must have known you for at least 12 months.** We can contact referees overseas by email or post if absolutely necessary. Please advise your referees that they will be contacted.

1. Name:.....  
 Address:.....  
 .....Postcode:.....  
 Length of time known:.....How do you know the referee:.....  
 Daytime phone number:.....Alternate phone number:.....  
 Email Address:.....

2. Name:.....  
 Address:.....  
 .....Postcode:.....  
 Length of time known:.....How do you know the referee:.....  
 Daytime phone number:.....Alternate phone number:.....  
 Email Address:.....

The information we collect from you will be stored on the Townsville Hospital Foundation database and will not be given to outside parties unless you give written consent. This information will be used for the purpose of managing Volunteer Services. Only Townsville Hospital Foundation staff have access to this information.

**EMERGENCY CONTACT:**

Please provide details of the best person for us to contact in case of an emergency.

Name:.....

Address:.....

.....Postcode:.....

Relationship:.....Phone Number:.....

**EXPERIENCE:**

Are you currently working in paid employment?       Yes       No

Name of organisation:.....Length of service:.....

Position:.....Hours per week.....

Are you currently studying?       Yes – full time       Yes – part time       No

What is your field of study:.....

Do you have volunteering experience?       Yes       No

Name of organisation/s:.....

Length of service:.....

What does / did your volunteer role/s entail?

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

**SKILLS AND TALENTS:**

Do you have any special skills or talents? Let us know what you can do!! Examples include face painting, anything crafty, singing, dancing, playing an instrument, sports or computers.

.....  
.....

Which languages do you speak other than English?.....

**ADDITIONAL INFORMATION:**

Is there any information, medical or otherwise, that you feel we need to be aware of that may affect your volunteering? Alternatively, please discuss this in private with the Townsville Hospital Foundation Manager.

.....  
.....

Why do you want to volunteer with the Townsville Hospital Foundation?

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

What are the things you like to do and do fairly well?

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

What new things would you like to do, or have an interest in learning?

.....  
.....

What are the things you do not like to do and would be clearly off limits?

.....  
.....

Please explain what you expect as a volunteer with the Townsville Hospital Foundation:

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

How did you hear about our volunteer program?

- Web Site     
  Media     
  Friend     
  Other.....

**CONDITIONS OF BECOMING A VOLUNTEER:**

- Ability to interact in a team
- Ability to use initiative, take direction and work with limited supervision
- Ability to interact positively with children, staff and families
- Ability to uphold the ground rules of the Townsville Hospital Foundation
- Good communication skills
- Ability to maintain professional boundaries
- Ability to understand and respect confidentiality
- A willingness to acquire a valid working with children Blue ??? Card
- Be aged between 18 and ??? years

**SERVICE CHOICE:**

**Details of all volunteer service areas are on our website at [www.thfoundation.org.au](http://www.thfoundation.org.au) Alternatively you may view our brochure on volunteer services, available at the Townsville Hospital Foundation office, or telephone 07 47961337 to make an appointment to discuss vacancies.**

You may choose one of the following service areas. Special Projects can be selected in conjunction with another service, or as your only service.

Please indicate your choice by placing a tick in the box against your preference.

<b>FRONT FOYER ENQUIRIES</b>	<input type="checkbox"/>
<b>THE HUB</b>	<input type="checkbox"/>
<b>CANCER CLINIC</b>	<input type="checkbox"/>
<b>REHABILITATION UNIT</b>	<input type="checkbox"/>
<b>CHILDREN'S WARD PLAY GROUP</b>	<input type="checkbox"/>
<b>BEAUTY THERAPY</b>	<input type="checkbox"/>
<b>BABY HUGGING &amp; CHILDRENS COMPANION</b>	<input type="checkbox"/>
<b>NEWSPAPER TROLLEY</b>	<input type="checkbox"/>
 <b>SPECIAL PROJECTS</b>	
Assisting preparation for fundraising campaigns, on-site and off-site events.	<input type="checkbox"/>

**AVAILABILITY:**

**Please note that shift vacancies vary and waiting lists may apply.**

What days and times are you available?  
.....  
.....

How regularly are you available:       Weekly       Fortnightly       Ad hoc

Are you available at short notice:       Yes       No

Other comments in relation to your availability:  
.....  
.....  
.....

**DECLARATION:**

I declare that:

- The information I have provided is true and accurate
- I have read and understood the accompanying material explaining the conditions of becoming a volunteer with the Townsville Hospital Foundation
- I am willing to work within the Vision, Mission and Ground Rules of the Townsville Hospital Foundation and have viewed and will comply with the Qld Health Code of Conduct 2000

Signature:..... Date:.....

**DECLARATION OF CRIMINAL HISTORY:**

I hereby declare that I have/have not (delete one) a criminal history. (Convictions which fall within the Criminal Law Rehabilitation of Offender) Act 1986 need not be disclosed.

I acknowledge:

- that a criminal history check may be conducted by the organisation at any time during my employment contract and
- that possession of or incorrect disclosure of a relevant conviction may compromise the appointment and contract of employment.

If you have a criminal history the following details must be provided with the return of this acceptance:

- date and nature of conviction
- court of jurisdiction
- current status of pending legal action or penalty / sentence imposed.

SIGNED BY APPLICANT:.....

DATE:.....

SIGNED BY FOUNDATION MANAGER:.....

DATE:.....

**AGREED DATE OF COMMENCEMENT:.....**

**CONFIDENTIALITY:**

The HEALTH SERVICES ACT 1991, and the POLICY of The Townsville Health Services District on confidentiality are in place to protect those who have been a patient in, or received health services from a public sector health services.

To comply with the Health Services Act 1991 it is important that you maintain the confidentiality of information even after you cease to volunteer.

There is a valid concern in society about the invasions of personal privacy, whether actual or potential. Hospitals maintain many records that may contain large amounts of personal information of a nature, which many people would regard as sensitive. Therefore, it is necessary to ensure that all personal information is handled wisely and tactfully.

Hospitals have a responsibility (as mentioned in the Health Services Act 1991) to maintain the privacy of patient information. This includes records, documents and registers throughout the organisation as well as the obvious medical records. These records should not be viewed by unauthorised persons.

Information obtained regarding the internal policies of The Townsville Health Service District also comes under the umbrella of the Confidentiality Act.

**WHAT INFORMATION ARE VOLUNTEERS PERMITTED TO DISCLOSE?**

The instruction issued to staff of The Townsville Health Service District about the information to be released regarding patients is pertinent and should be adopted by all volunteers.

Information confirming that a patient is hospitalised may be given to visitors along with a direction as to where the patient is accommodated.

Requests for any further information should be directed to the Nurse responsible for the Ward in which the patient is residing.

**WHAT ARE SOME OF THE CONFIDENTIALITY PROBLEMS IN HOSPITALS?**

All hospital have problems in maintaining patient privacy, and in communities of relatively small populations the problem increases.

Even though all the staff are aware of the need to ensure conversations regarding confidential information are not conducted in the presence of, or overheard by, unauthorised persons this does sometimes occur. It is then your responsibility to ensure that this information is not repeated.

The smaller the community the quicker the knowledge spreads through informal networks and causes patients embarrassment and distress.

In larger cities such as Brisbane, Sydney and Melbourne there is less likelihood that the staff and volunteers in a hospital will recognise information about their friends, relatives and neighbours being admitted to hospital or overhearing remarks and comments about them.

Complaints against Hospital Staff or treatment should be politely directed to the Department Head concerned.

#### **BREACHES AND POTENTIAL BREACHES**

It is important to determine what constitutes a breach of confidence. Certain kinds of breaches are easy to define: staff or volunteers who gossip about patients: releasing information without the patient's consent; or people seeing medical records when they have no business doing so.

**THE OCCASIONS MOST LIKELY TO BE THOSE WHEN INFORMATION IS GIVEN, THAT SHOULD NOT BE GIVEN, ARE WHEN YOU ARE TELLING A SPOUSE, PARTNER OR FRIEND ABOUT THE EVENTS OF THE DAY, OR WHEN COMFORTING A FRIEND OR RELATIVE OF A PATIENT WHO IS KNOWN TO YOU AND ABOUT WHOM YOU MAY HAVE HEARD OR READ SOMETHING CONFIDENTIAL.**

#### **EFFECTS OF BREACHES**

It is not possible to predict how a patient may react to a breach of confidence. The effect may range from mild embarrassment to mental anguish, from loss of job to defamation.

The information that does not necessarily appear sensitive to anyone in the hospital may, in fact, be harmful to the patient or hospital if divulged. It is important that all patient information be treated as confidential, since it may appear to a patient that if non-sensitive information is freely revealed then all information may be treated similarly. This may result in a reluctance in the patient to use the Hospital services appropriately.