

# Volunteer Application Form

## North West Region

TASMANIAN  
HEALTH  
SERVICE



Tasmanian  
Government

### I. Personal information

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Prof ☐ Other (please state):

Surname:

Given name:

Preferred Name:

Email:

Postal address:

Home address:

Postcode:

Home phone:

Mobile phone:

Age range:

☐ 16-18 ☐ 18-24 ☐ 25-39 ☐ 40-54 ☐ 55-69 ☐ 70+

### 2. Your experience

Do you have any previous or current volunteer experience?

---

---

---

---

Are you a member of any community networks or groups (e.g. support groups, interest groups)?

---

---

---

---

What skills or experience could you bring to a volunteering role?

---

---

---

---

Why are you interested in becoming a volunteer for us?

---

---

---

---

### 3. Expression of interest

Please indicate which service you would like to volunteer with:

- ☐ **Meet and Greet Service NWRH:** Volunteers assist patients and visitors to find their way around the North West Regional Hospital by accompanying them to the area they require
- ☐ **Cancer Support and Wellbeing Centre NWRH:** Volunteers provide visitors to the centre with a welcoming face and refreshments (tea and coffee). Volunteers also maintain presentation of the centre
- ☐ **Refreshment Round NWRH:** Volunteers provide beverages and social support to patients who are waiting to attend appointments or are inpatients in our wards
- ☐ **Consumer Engagement Reference Group (CERG):** Volunteers provide feedback on a range of issues from the organisation. Requires a commitment for monthly two-hourly meetings for at least 12 months
- ☐ **Interested Consumers Group:** A register of volunteers who receive health related information from us either electronically or in hard copy to review and provide comment on.
- ☐ **King Island Hospital and Health Centre**
- ☐ **Adult Day Centre (Latrobe, Central Coast or Wynyard):** assist the centre staff with activities of the Adult Day Centre
- ☐ **West Coast District Hospital**
- ☐ **Zeehan / Rosebery Community Health Centre**

### 4. Your availability

Please tick below the days you are available to volunteer

- ☐ Monday      ☐ Tuesday      ☐ Wednesday      ☐ Thursday      ☐ Friday

### 5. Referees

Please provide the names of 2 referees who can provide a character reference for you.

**Referee 1:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Referee 2:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Refer to our website for how to submit your application form – [www.dhhs.tas.gov.au/tho/nw/volunteers](http://www.dhhs.tas.gov.au/tho/nw/volunteers)