|  |  |
| --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. |
| Expression of Interest |
| Personal details |
| First name/s |  | Last name |  |
| Street address |  | Postcode |  |
| Contact phone |  | Date of birth |  |
| Email |  |
| How do you identify? |
| Aboriginal | Yes/No | Torres Strait Islander | Yes/No |
| Other | Yes/No | If other please state |  |
| What language do you speak at home? |  |
| Do you speak any other languages?  | Yes/No |
| If yes, what other languages do you speak? |  |
| References |
| You must provide two referees. The referees should not be family members or a social friend. Referees should know you in this capacity:* educational
* professional or
* as a volunteer for a minimum of six months.

Royal Darwin and Palmerston hospitals may contact your referees. You should advise them that you have applied for a volunteer position. |
| Referee 1 |
| Name  |  | Position |  |
| Address |  | Postcode |  |
| How do you know the referee? |  |
| How long have you known the referee? |  |
| Contact phone |  | Email |  |
| Referee 2 |
| Name |  | Position |  |
| Address |  | Postcode |  |
| How do you know the referee? |  |
| How long have you known the referee? |  |
| Contact phone |  | Email |  |
| Experience |
| Are you currently working in paid employment?  | Yes/No |
| **If yes, what is the name of the organisation?** |  |
| Position |  |
| Length of service |  | Hours per week |  |
| Are you currently studying? Mark with an ‘X’ |
| Yes (full time) |  | Yes (part time) |  | No |  |
| What is your field of study? |  |
| Do you have volunteering experience? | Yes/No | If yes, where? |  |
| Length of service |  | What did you do as a volunteer? |  |
| About you |
| Briefly describe yourself, your personality, attributes and special qualities. |
|  |
| Why do you want to volunteer at RDPH? |
|  |
| What do you expect to gain and/or give as a volunteer with RDPH? |
|  |
| Mark with an ‘X’ which hospital you would prefer to volunteer at |
| Royal Darwin Hospital |  | Palmerston Regional Hospital |  |
| Do you have any of the following? |
| Working with children clearance – OCHRE card | Yes/No |
| If yes, what is the number? |  | Expiry date |  |
| Driver’s license  | Yes/No | If yes, what is the number? |  |
| Expiry date |  |
| Volunteering availability |
| How often are you available? | Weekly | Yes/No | Fortnightly | Yes/No |
| Mark with an ‘X’ the days and times you are available. |
| Monday | 8 am – 12 pm |  | 12 pm – 4 pm |  |
| Tuesday | 8 am – 12 pm |  | 12 pm – 4 pm |  |
| Wednesday | 8 am – 12 pm |  | 12 pm – 4 pm |  |
| Thursday | 8 am – 12 pm |  | 12 pm – 4 pm |  |
| Friday | 8 am – 12 pm |  | 12 pm – 4 pm |  |
| Saturday | 8 am – 12 pm |  | 12 pm – 4 pm |  |
| Sunday | 8 am – 12 pm |  | 12 pm – 4 pm |  |
| Mark with an ‘X’ your preferred amount of shifts | 1 |  | 2 |  | 3 |  |
| Are you available at short notice? | Yes /No |
| Do you have any other comments about your availability? |
|  |
| Area of interest |
| Mark with an ‘X’ the area you would like to work in. Read the role description.**[[1]](#footnote-1)** |
| Visitor guide |  | Companion |  |
| Other comments about your area of interest. |
|  |
| Medical information |
| Is there any information, medical or otherwise, that may affect your volunteering?  | Yes/No |
| If yes, please let us know. You can discuss this in private with the Volunteer Coordinator. |
|  |
| Emergency contact  |
| Name |  |
| Relationship |  |
| Daytime phone |  | Other phone |  |
| How did you hear about the volunteer program? Mark with an ‘X’ all that apply. |
| Website |  | Media |  | Friend |  |
| Current volunteer |  | Other |  | If other, please advise |  |
| What size shirt would you need if you are approved as a volunteer? |  |
| Declaration  |
| I declare the information I have provided is true and correct. | Yes/No |
| I understand this is an application and I am not guaranteed a volunteer position with RDPH | Yes/No |
| If I am successful, I will read, understand and sign the volunteer handbook, confidentiality agreement and the volunteer code of conduct after the training. | Yes/No |
| I understand I will be on one month probation from the date of my appointment. | Yes/No |
| I understand that I must have a working with children clearance and a criminal history check before I can start volunteering. | Yes/No |
| Signature |  | Date |  |
| Name |  |
| Witness signature |  | Date |  |
| Witness name |  |
| DisclaimerYour information will be kept by the Volunteer Coordinator and not shared with anyone unless approved by you in writing.Email your completed expression of interest to RDPHVolunteers.DoH@nt.gov.au |
|  |
| End of form |

1. <https://nt.gov.au/wellbeing/hospitals-health-services/royal-darwin-hospital/volunteers-at-royal-darwin-hospital> [↑](#footnote-ref-1)