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|  | 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Why do you want to volunteer at RDPH? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| What do you expect to gain and/or give as a volunteer with RDPH? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disclaimer Your 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](mailto:RDPHVolunteers.DoH@nt.gov.au) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| End of form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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