



Little Haven Palliative Care Volunteer Registration Form

Personal Details

MR/MRS/MS/DR/Other	Full name:		
Address:		Postcode:	
Postal address (if different to above):			
Phone:	(home)	(work)	(mobile)
Email:	Date of Birth:		
Next of kin:	Relationship:		
Contact details (if different to above)			
Do you consent to a police check, as required by Little Haven regulations?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you willing to become a financial member of Little Haven Palliative Care?			YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>Please be aware you will not be accepted as a Little Haven volunteer until a clearance is received.</i>			

Accessibility & Availability

Please indicate when you are available

Times & Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							
Overnight							

I am flexible with my time YES NO

I am available at short notice YES NO

I am available during school holidays YES NO

How far are you prepared to travel?

Only in town

Up to 20 km

Over 20 km

Will you claim mileage? YES NO

OFFICE USE ONLY

Application accepted by Business Manager *Signature:*

Date:

Confidentiality Agreement *Date:*

ID Badge

Date:

Blue Card

Date:

Mentor assigned

Date:

Financial Membership

Date:

Mentoring complete

Date:

Orientation

Date:

Name of mentor/s

Comments:

Areas of Interest

CLINICAL STREAM

- Respite Care
- Home help
 - Gardening/Mowing
 - Small household jobs
 - Cleaning
- Chemotherapy Support
- Complementary Therapies
 - Bowen Therapy
 - Massage
 - Reiki
 - Other

MANAGEMENT COMMITTEE

Specialised experience in:

- Finance
- Medical/Palliative Care
- Management
- Other

FUNCTIONS

- Decoration
- Set up
- Food preparation
- Food service
- Bar Service
- Kitchen cleaning
- General cleaning
- Other

FUNDRAISING

- Blue Light discos
- Book Sale
- Little Haven Shop
- Markets
- Publicity
- Raffles
- Street stalls
- Other

CENTRE HELP

- Office support
 - Clerical/filing
 - Data entry
 - Grant applications
 - Mailouts
 - Phones
 - Photocopying
- Library
- Medical Equipment
 - Cleaning
 - Small repairs
 - Stocktaking/Inventory
- General support
 - Cleaning/premises
 - Cleaning/cars
 - Plants, care & maintenance
 - Building, repairs & Maintenance

If you have other skills or qualifications you would like to offer to Little Haven, please let us know:

Declaration of Interest

I wish to volunteer with Little Haven Palliative Care Inc.

1. To maintain Little Haven's standards of confidentiality and security, I AGREE to:
 - Provide a current Queensland Police check;
 - Abide by the Little Haven Confidentiality Agreement.
2. To maintain Little Haven's volunteer insurance coverage, I AGREE to:
 - Become a financial member of Little Haven Palliative Care Inc. and continue to remain a financial member while I continue to volunteer for Little Haven;
 - Provide accurate and timely records of my volunteer hours at Little Haven.
3. To ensure safe working practices and that I meet the standard expected of every Little Haven employee and volunteer, I AGREE to:
 - Follow the direction of my mentor, the supervisor of my volunteer stream and the Management Committee through the Business Manager;
 - Stay informed with what is happening at Little Haven through websites, newsletters, notice boards and meetings;
 - Participate in Little Haven education including Orientation and the Mentoring Program, as well as other training if required.

Signature:

Date: