



Operational Directive

Enquiries to: Local Health Service Human Resources / Workforce Services **OD number:** OD: 0619/15
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Subject: **WA Health Volunteer Policy**

The WA Health Volunteer Policy has been revised in consultation with key stakeholders across Health as directed by the Workforce Steering Committee.

WA Health recognises the long established and valuable contribution that volunteers make to the delivery of quality health services. The use of voluntary services to support health service delivery and client experiences of health care is encouraged.

There have been minor changes made to the policy, including:

- Ensuring external organisations engaging volunteers on behalf of WA Health comply with screening requirements
- Health Services meeting costs for medical testing (if required)
- Clarifying the type of insurance cover for volunteers – Personal Accident Cover
- Volunteer Coordinators to ensure volunteers receive mandatory training and performance development (if required).

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Government of **Western Australia**
Department of **Health**

WA Health Volunteer Policy

Title: WA Health Volunteer Policy

1. Scope

This policy applies to all persons engaged in paid and unpaid work in WA Health, which for the purposes of this policy incorporates the following entities:

- Department of Health
- Metropolitan Health Services
- Peel Health Service
- WA Country Health Service

2. Policy statement

WA Health recognises the long-established and valuable contribution that volunteers make to the delivery of quality health services.

A volunteer is an individual who chooses of their own free will to engage in specified, unpaid activities within WA Health. This includes advisory group members who may receive payment for out of pocket expenses including the Health Consumers Council Participation Fee.

The use of volunteers to support health service delivery and client experiences of health care is encouraged. The work of volunteers must not replace the areas of work traditionally undertaken by paid health service staff.

While acknowledging the value and seeking to encourage the involvement of volunteers, WA Health will ensure that selection and screening processes are applied when recruiting volunteers including:

- the supply of relevant references and background information
- criminal record screening and working with children check (where required) to meet the requirements of WA Health policy and relevant legislation.

Where recruitment of volunteers is managed on behalf of WA Health by an external organisation, information will be sought from those organisations on a regular basis to ensure that selection processes comply with the requirement of WA Health.

3. Responsibilities

3.1 Health Service Responsibilities

Health Services are responsible for:

- appointing local volunteer coordinators or nominated officer to provide a clear point of contact between volunteers/volunteer organisations and the health service
- ensuring that relevant selection and screening processes are applied and documented (resource documents are attached - refer to section 6)
- ensuring external organisations engaging volunteers on behalf of WA health comply with the screen requirements of this policy
- ensuring that volunteers receive appropriate induction and orientation and support
- ensuring that volunteers have clearly defined roles
- ensuring that volunteers have a safe working environment
- providing volunteers with the [WA Health Code of Conduct](#) and other relevant policies and procedures
- ensuring adequate insurance cover for volunteers in respect of their activities for WA Health
- meeting the cost of volunteers undergoing the WA Health Criminal Record Check and, if required, the Working with Children Check, and the national Police Certificate for Aged Care Providers (refer to WA Health Policies under section 6) and medical testing (if required)
- reimbursing approved out of pocket expenses.

3.2 Volunteer Co-ordinator or nominated Officer Responsibilities

3.2.1 Application Form

Ensure new volunteers complete an Application Form (refer to section 6 for resources)

3.2.2 Volunteer Agreement (including Confidentiality Agreement)

Ensure new volunteers sign a volunteer agreement (refer to section 6 for resources) at the health service. The volunteer agreement will identify the responsibilities and tasks to be undertaken by the volunteer and the health service.

There may be specific conditions applicable to particular health services and sites, but the general conditions of involvement as a volunteer include:

- participating:
 - in clearly established tasks in the delivery of services to satisfy various needs of the health service
 - without financial reward (not including reimbursement of approved out of pocket expenses).
- endeavouring to:
 - perform tasks assigned to the best of their ability
 - meet allocated commitments on time.
- agreeing to:
 - undergo a WA Health Criminal Record Check
 - undergo an Aged Care Criminal Screening Check (if required)
 - undergo a Working with Children Check (if required)
 - comply with applicable confidentiality obligations (Refer to section 6 for resources)
 - disclose any conflicts of interest
 - participate in/comply with health service requirement related to induction and workplace health and safety.
- refraining from offering counselling, spiritual help or medical advice to patients, clients or their family and friends unless specifically authorised to do so
- abiding by the [WA Health Code of Conduct](#) and all relevant laws, policies and procedures.

3.2.3 Induction and orientation

Upon receipt of the signed volunteer agreement, the volunteer coordinator will arrange for the volunteer to:

- attend the volunteer induction program
- commence their voluntary duties
- be orientated to the specific volunteer service they have joined
- attend any mandatory training sessions
- participate in performance development activities (if required).

4. Queries and advice

For queries and advice, contact the local Health Service volunteer coordinator.

5. Relevant legislation

Aged Care Act 1997

Occupational Health, Safety and Welfare Act 1984

Public Interest Disclosure Act 2003

Working with Children (Criminal Records Checking) Act 2004

For relevant legislation, go to:

<http://www.slp.wa.gov.au/legislation/statutes.nsf/default.html>

6. Resources and websites

Application Form - Providing A Volunteer Service - Appendix 1

Volunteer Agreement (including confidentiality agreement) - Appendix 2

Personal Accident Cover, go to:

<http://intranet.health.wa.gov.au/insurance/volunteers/index.cfm>

6.1 Local Health Service documents

[CAHS Volunteer Policy](#)

[NMHS Recognition of Volunteer Services Policy](#)

[SMHS Induction and Orientation Policy and Procedures](#)

[SMHS Volunteer Services Policy and Procedures](#)

[WACHS Aged Care Criminal Record Screening Policy](#)

[WACHS Volunteer Procedure](#)

6.2 WA Health Policies

[WA Health Code of Conduct](#)

[WA Health Criminal Record Screening Policy and Guidelines](#)

[WA Health Working with Children Check Policy and Procedure](#)

6.3 External documents and websites

[Public Sector Commissioner's Circular: 2009-16 Guidelines for Successful Partnerships between Public Sector Agencies and Volunteers](#)

Working with Children Check <http://www.checkwwc.wa.gov.au/>

7. Authority

Title:	WA Health Volunteer Policy		
Contact:	Local Health Service Volunteer Coordinator		
Directorate:	Workforce Directorate		
Version:		Date Published:	29 June 2015
Date of Last Review:	25 March 2009	Date Next Review:	29 June 2020



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APPENDIX 1: APPLICATION FORM PROVIDING A VOLUNTEER SERVICE

(This document has been developed as a resource to be adapted as required).

Volunteer Group (if applicable): _____
Date of Application: _____
Mr/Mrs/Ms _____
First name _____
Surname _____
Address _____
Suburb _____ State _____ Postcode _____
Phone _____ Mobile _____
Date of Birth ____ / ____ / ____
Gender: _____
Email _____

CONTACT PERSONS

Please provide the names and contact phone numbers of persons we should contact in the event of an emergency.

Contact 1

Name _____
Phone _____ Mobile _____
Relationship to you _____

Contact 2

Name _____
Phone _____ Mobile _____
Relationship to you _____

REFEREES

Please provide the names and contact phone numbers of persons who would be able to act as referees for you.

Referee 1

Name _____
Phone _____ Mobile _____
Relationship to you _____

Referee 2

Name _____
Phone _____ Mobile _____
Relationship to you _____

BACKGROUND INFORMATION

Why are you volunteering?

What are your work preferences?

Do you have any work experience? If yes, please describe it?

AVAILABLE HOURS

Please tick the days you are available to volunteer:

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
AM (time)							
PM (time)							

Hours preferred:

Period available from: date _____ until _____

FURTHER INFORMATION AND COMMENTS:

Please inform us if there is any information we should know that is relevant to your involvement in this organisation (e.g. health, visa limitations etc.).

SIGNATURE _____

DATE _____ / _____ / _____

CONFIDENTIAL

RECORD OF VOLUNTEER INTERVIEW

Interview Date:	
Interviewers/s:	
Interviewer/s Position	
Contact No:	
Volunteer Name:	

OTHER QUESTIONS RELEVANT TO PLACEMENT

1. Why are you interested in working for this organisation?

2. Why have you chosen to volunteer?

3. Please tell us what it is you enjoy about working in a hospital setting?

4. Please tell us what types of tasks you enjoy and do you like to work in a group or alone?

5. Would you be interested in becoming a volunteer driver?

Current drivers licence sighted **YES/NO**

RESULTS OF INTERVIEW

Describe the recommendations. If the applicant is considered not suitable to

APPENDIX 2: VOLUNTEER AGREEMENT (INCLUDING CONFIDENTIALITY AGREEMENT)

(This document has been developed as a resource to be adapted as required).

We hope that you enjoy volunteering with us and feel a part of our team. This agreement tells you what you can expect from us and how we hope you will be able to contribute to *[Insert name of organisation]*.

We wish to assure you of our appreciation of your volunteering with us and will do the best we can to make your experience as a volunteer enjoyable and rewarding.

Part 1: The Organisation

Your role as a volunteer starts on *[date]* and *[describe the nature and components of the work]*.

This work is designed to *[state how the work benefits the organisation]*.

[Name of organisation] commits to:

1. Induction and Training

- provide you with a comprehensive induction on the work of *[voluntary organisation]*, its staff and your volunteering role
- provide an opportunity for you to attend training programs to meet the responsibilities of this role and other mandatory training.

2. Supervision, Support and Flexibility

- explain the standards we expect for our services and encourage and support you to achieve and maintain them
- provide a named person who will meet with you regularly to discuss your volunteering and any successes and problems you may have
- do our best to help you develop your volunteering role with us
- provide you with an opportunity to participate in performance development
- consult with you about your volunteering experience and the work environment
- keep you informed of matters that affect you as a volunteer.

3. Expenses

- pay the costs of the WA Health Criminal Record Check and if required the Working With Children Check and the national Police Certificate for Aged Care Providers and medical testing (if required)
- reimburse you for the costs of approved out of pocket expenses
- *[add other details]* as required.

4. Health and Safety

- provide a safe work environment
- provide adequate training and feedback in support of our health and safety policy.

5. Insurance

- provide Personal Accident Cover for you while you are undertaking voluntary work approved and authorised by us.

6. Issue Resolution

- try to resolve fairly and promptly any problems, grievances and difficulties you may have while you volunteer with us in accordance with the principles of natural justice.

Part 2: The Volunteer

I confirm that:

- I am not aware of any criminal charges or offences that would disqualify me from working as a volunteer with WA Health.
- I have disclosed all potential conflicts of interest.
- I have provided the names of referees who may be contacted regarding my suitability to work as a volunteer.
- I am available to start work on _____
- I will be available to work at the following days and times:

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
AM (time)							
PM (time)							

I understand that in working as a volunteer with WA Health:

- I must abide by the WA Health Code of Conduct and comply with all relevant laws, policies and guidelines.
- I may be deemed a 'public officer' as that term is defined in the Criminal Code, and subject to the misconduct provisions of the *Corruption and Crime Commission Act 2003*.

I agree to:

- perform my volunteering role to the best of my ability
- meet my agreed commitments regarding time and standards and give as much notice as possible should I not be able to meet those commitments
- not use, work on or operate equipment for which I have not received training or which I do not have permission or qualifications to operate
- maintain all information I receive in the course of my volunteer work in the strictest confidence
- disclose any conflicts of interest that may arise after my commencement as a volunteer
- attend mandatory training related to occupational health and safety issues
- obtain a WA Health (national) Criminal Record Check
- obtain a Working With Children Check if required
- obtain a national Police Certificate for Aged Care Providers if required

- advise my manager/supervisor/coordinator of any change in my criminal record
- undergo medical testing according to the organisation's policies
- advise my manager/supervisor/coordinator of any change to my circumstances that may affect my capacity to work as a volunteer or which may be relevant to WA Health.

I understand that my continued involvement in voluntary work role at *[Insert name of organisation]* is subject to my obtaining a satisfactory WA Health (national) criminal record check, national Police Certificate for Aged Care Providers (if required) and Working With Children Check (if required).

It is not intended for this agreement to establish a relationship of employment now or at any time in the future and may be cancelled at any time at the discretion of either party.

I understand in the course of my duties with *[insert name of organisation]*, the confidentiality of information relating to WA Health, the health service, patients and staff is essential. I agree to not use or divulge to any other person any information to which I have access while volunteering with *[insert name of organization]* other than in the course of my volunteer duties or if required by law.

Volunteer Signature

Print Name

Date

**Health Representative
 Signature**

Print Name

Date

Position Title