



# Expression of Interest Form Hospital Volunteer Program

*WA Health is committed to eliminating all forms of discrimination in the provision of our service.  
We embrace diversity and strongly encourage applications from Aboriginal and Torres Strait  
Islander peoples, people from culturally diverse backgrounds and people with disabilities.*

**PREFERRED LOCATION:**     Armadale Health Service     Kalamunda Hospital

Mr  Mrs  Ms  Miss  Dr  Other \_\_\_\_\_

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_

***(Must be over 18)***

Email: \_\_\_\_\_

## EMERGENCY CONTACTS

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 can act as referees for you.

**Referee 1**

Name \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Referee 2**

Name \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Relationship to you \_\_\_\_\_

**BACKGROUND INFORMATION**

Why would you like to be a part of our volunteer team?

\_\_\_\_\_  
\_\_\_\_\_

What are your volunteering preferences? (Please tick one or more boxes that apply)

**Front of House Volunteers**

*Welcoming patients and visitors, assisting them with directions around the hospital.*

**General Patient Volunteers**

*Providing companionship to vulnerable patients (various wards)*

**Forget Me Not Volunteer**

*Providing support to patients and their families, especially those living with and / or experiencing cognitive impairment, end of life and mental health*

**Auxiliary Kiosk / Gift Shop Attendant**

**Other** (please specify – e.g., ward garden upkeep, music performances, pet therapy, host art workshops, help with once off events)

\_\_\_\_\_



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Do you have any professional or personal experience in these areas? If yes, please describe it.

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**AVAILABLE HOURS**

Please write down hours available on the relevant weekday **then** specify the maximum number of days you would like to volunteer with us.

	MON	TUE	WED	THU	FRI	SAT	SUN
<b>HOURS AVAILABLE</b>							
<b>Maximum number of days you would like to volunteer</b>							

**Do you have any commitments that may affect your availability?** (e.g. study commitments, Travel plans etc)

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**How did you hear about our volunteer program?** (please tick one or more boxes that apply)

- Newspaper
- Online
- Word of mouth
- Staff / Volunteer
- Other (please specify):
- Local Council \_\_\_\_\_

**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.).

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## Declaration

I understand that I will be required to undergo health and criminal screenings prior to commencing volunteering with us and,

I hereby declare that the information provided is correct and true.

**Sign** \_\_\_\_\_

**Date** \_\_\_\_\_

Please return to:

Volunteer Coordinator  
Armadale Kalamunda Group  
P O Box 460  
Armadale WA 6112

Or Contact on 0429 793 044

Or email: [AKGVolunteers@health.wa.gov.au](mailto:AKGVolunteers@health.wa.gov.au)