

MAURICE ZEFFERT HOME
VOLUNTEER APPLICATION FORM

NAME _____ DOB ____/____/____

ADDRESS _____
_____ POST CODE _____

PHONE _____ MOBILE _____

EMERGENCY CONTACT _____

HOUR'S & DAYS AVAILABLE _____

POLICE CLEARANCE _____ If you require, Maurice Zeffert Home can apply for a national police clearance on your behalf for a subsidised fee of \$15.10. Please include payment with your application.

DRIVERS LICENCE _____ WORKING WITH CHILDREN _____

SKILLS- _____

PROFFESIONAL REFERENCE _____

PERSONAL REFERENCE _____

SIGNATURE _____ DATE ____/____/____ 20

VOLUNTEER COORDINATOR _____ DATE ____/____/____ 20

WITNESS _____ DATE ____/____/____ 20

The work of volunteers is highly valued at the Maurice Zeffert Home
and is an essential part of the Therapy Departments mission.

VOLUNTEER ACCEPTANCE FORM

As a Volunteer at Maurice Zeffert Home, you agree to and declare that:

1. You have never been convicted of murder, sexual assault nor have you been imprisoned for any other form of assault or theft either while living in Australia or any other country.
2. You must notify the MZH Volunteer Coordinator as soon as you have been charged, or convicted of any offence during your tenure as a volunteer.
3. Abide by MZH policies, guidelines and procedures.
4. Adhere to and abide by MZH core values at all times, performing your duties and responsibilities in the best interests of MZH.
5. Conduct yourself in a manner that is safe and acting honestly and in a manner consistent with your volunteer work. Furthermore, you agree to indemnify MZH against any loss or damage suffered as a result of any dishonest act by you or from any wilful misconduct in carrying out your duties.
6. Exercise reasonable care and diligence in the performance of your duties and comply with all reasonable instructions to protect your own health and safety.
7. Notify MZH Volunteer Coordinator if you are charged or convicted of an offence during your tenure as a volunteer.
8. Refrain from consuming any substance, when representing MZH, to an extent that it is likely to impair your ability to carry out your volunteer duties.
9. Work in partnership with staff and other volunteers in the best interests of MZH.
10. Maintain strict confidentiality.
11. Where practicable, use your best endeavours to attend agreed days and not miss more than 3 without notifying MZH reception or Volunteer Coordinator.
12. Report all concerns, issues and incidents to the Volunteer Coordinator in a timely manner.
13. Upon resignation or termination of your services, return your identification badge, keys and all documentation pertaining to MZH.
14. Resident shall not be taken of the MZH grounds without prior permission from the Registered Nurse on duty, or the Volunteer Coordinator.

I understand and acknowledge all of the conditions. Furthermore, I understand that breach of any of these conditions may result in MZH reviewing or terminating my services as a Volunteer.

Volunteer Name: _____

Date: ____/____/____ Signature: _____

Volunteer Coordinator: _____

Date: ____/____/____ Signature: _____

A copy of this agreement should be kept by the volunteer.