



MACKAY HOSPITAL  
FOUNDATION

# VOLUNTEER EXPRESSION OF INTEREST

*Thank you for your interest in volunteering.  
Please complete this form and return to Mackay Hospital Foundation.*

Telephone: 4885 5915 | Email: [mhf@health.qld.gov.au](mailto:mhf@health.qld.gov.au)

## Name & Contact Details

Name: (Mr/Mrs/Miss/Ms/other) \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Preferred contact method

Once I commence volunteering I would like to receive communications such as newsletter and volunteer rosters from the Mackay Hospital Foundation via email  or sms  (please tick)

## Emergency Contact Details

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Skills and Experience (please select one or more)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accounting & Finance           | <input type="checkbox"/> Fundraising & Events              | <input type="checkbox"/> Research, Policy & Analysis |
| <input type="checkbox"/> Administration                 | <input type="checkbox"/> Garden Maintenance                | <input type="checkbox"/> Retail & Sales              |
| <input type="checkbox"/> Arts, Craft & Photography      | <input type="checkbox"/> Governance, Boards & Committees   | <input type="checkbox"/> Safety & Emergency Services |
| <input type="checkbox"/> Childcare                      | <input type="checkbox"/> IT & Web Development              | <input type="checkbox"/> Seniors & Aged Care         |
| <input type="checkbox"/> Companionship & Social Support | <input type="checkbox"/> Library Services                  | <input type="checkbox"/> Sport & Physical Activity   |
| <input type="checkbox"/> Counselling & Help Line        | <input type="checkbox"/> Marketing, Media & Communications | <input type="checkbox"/> Trades & Maintenance        |
| <input type="checkbox"/> Disability Support             | <input type="checkbox"/> Mediation & Advocacy              | <input type="checkbox"/> Tutoring & Coaching         |
| <input type="checkbox"/> Education & Training           | <input type="checkbox"/> Music & Entertainment             | <input type="checkbox"/> Working with Animals        |
| <input type="checkbox"/> Food Preparation & Service     |  | <input type="checkbox"/> Writing & Editing           |
|   |  | <input type="checkbox"/> Other _____                 |

## Please give contact details of a referee

1. Referee Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

## Why would you like to volunteer?

\_\_\_\_\_

\_\_\_\_\_

## Blue Card

Do you have a current Blue Card? Yes  No  (please tick)

- If you do not have a Blue Card we will ask you to complete a *Blue Card application*
- If you have a Blue Card we will ask you to complete an *Authorisation to confirm a valid card/application*

## Preferred volunteer location (please select one or more)

- Mackay Base Hospital     Sarina Hospital     Clermont Hospital     Proserpine Hospital  
 Collinsville Hospital     Dysart Hospital     Moranbah Hospital     Bowen Hospital

## Preferred volunteer service areas (please select one or more)

- Child & Adolescent Unit Play Group (play group for children in hospital)     Information Desk (we recommend Trolley Service volunteering prior to Information Desk volunteering, to become familiar with the hospital layout)  
 Fundraising support     Library Trolley Service (throughout patient areas)  
 Emergency Department     Trolley Service (throughout hospital complex)  
 Specialist Outpatient Department     Gift Shop  
 BBQs (Bunnings and IGA)     Vending Machines  
 BreastScreen  
 Day Surgery

## How frequently would you like to volunteer?

- Weekly     Fortnightly

## Which days are you available?

- Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday

## What time of the day is best for you?

- Morning     Afternoon     Evening     Full day

What date are you available to start: \_\_\_\_\_

## Additional Information

Is there any information, medical or otherwise, that you feel we need to be aware of that may affect your volunteering? Alternatively, please discuss this in private with the Mackay Hospital Foundation during your volunteer interview.

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## How did you hear about us?

- Word of mouth     Hospital Visit     Foundation Website     Internet search     Other \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Once we have received your Volunteer Application form we will contact you.  
We appreciate your patience as we may not be able to contact you immediately.**

**PLEASE RETURN TO:**  
Reply Paid 6011  
(no stamp required)  
Mackay Hospital Foundation  
Mackay Mail Centre QLD 4741