

MACKAY HOSPITAL FOUNDATION

HOSPITAL HEROES



Are YOU our next hospital hero?
Volunteering opportunities available now
www.mackayhospitalfoundation.com.au



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
Reply Paid 6011, Mackay Hospital Foundation, Mackay MC Qld 4741

Name & Contact Details

Name: (Mr/Mrs/Miss/Ms/other) _____

Address: _____

Telephone: _____ Mobile: _____

Email: _____ Date of Birth: _____

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 _____ |

Preferred volunteer service areas (please select one or more)

- | | |
|---|---|
| <input type="checkbox"/> Child & Adolescent Unit Play Group (play group for children in hospital) | <input type="checkbox"/> Library Trolley Service (throughout patient areas) |
| <input type="checkbox"/> Fundraising support | <input type="checkbox"/> Trolley Service (throughout hospital complex) |
| <input type="checkbox"/> Specialist Outpatient Department | <input type="checkbox"/> Gift Shop |
| <input type="checkbox"/> Events or BBQs (Bunnings and IGA) | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Day Surgery | <input type="checkbox"/> Golf Buggy Driver |
| <input type="checkbox"/> Companionship and visitor program | <input type="checkbox"/> Proserpine Patient Transport Driver |
| <input type="checkbox"/> Sarina Hospital Companionship / Admin support | <input type="checkbox"/> Stroke & Rehabilitation Craft |

How frequently would you like to volunteer?

- Weekly Fortnightly Occasionally (events only)

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: _____

Signature: _____

Date _____