Volunteers in Victorian Emergency Departments (VED) program manual

Jointly prepared by Red Cross and the Department of Health
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## Contents

<table>
<thead>
<tr>
<th>Section 1: Introduction</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the purpose of this manual?</td>
<td>2</td>
</tr>
<tr>
<td>How should this manual be used?</td>
<td>2</td>
</tr>
<tr>
<td>References to other documents</td>
<td>2</td>
</tr>
<tr>
<td>How can this manual be adapted to individual ED requirements?</td>
<td>2</td>
</tr>
</tbody>
</table>

| Section 2: Glossary | 3 |

<table>
<thead>
<tr>
<th>Section 3: VED program operations</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 1: Establishing the VED program</td>
<td>8</td>
</tr>
<tr>
<td>Purpose</td>
<td>8</td>
</tr>
<tr>
<td>Desired outcomes of a volunteer role</td>
<td>8</td>
</tr>
<tr>
<td>Implementation</td>
<td>8</td>
</tr>
<tr>
<td>Staff information sessions</td>
<td>9</td>
</tr>
<tr>
<td>Chapter 2: Program roles</td>
<td>10</td>
</tr>
<tr>
<td>Director of nursing</td>
<td>10</td>
</tr>
<tr>
<td>Nurse unit manager</td>
<td>10</td>
</tr>
<tr>
<td>Associate nurse unit manager</td>
<td>10</td>
</tr>
<tr>
<td>Human resources department</td>
<td>11</td>
</tr>
<tr>
<td>Volunteer coordinator</td>
<td>11</td>
</tr>
<tr>
<td>Volunteer liaison officer</td>
<td>11</td>
</tr>
<tr>
<td>Volunteer liaison officer position description</td>
<td>12</td>
</tr>
<tr>
<td>Volunteer</td>
<td>12</td>
</tr>
<tr>
<td>Volunteer position description</td>
<td>13</td>
</tr>
<tr>
<td>Chapter 3: Program costs and labour requirements</td>
<td>14</td>
</tr>
<tr>
<td>Low-volume ED</td>
<td>15</td>
</tr>
<tr>
<td>Medium-volume ED</td>
<td>16</td>
</tr>
<tr>
<td>High-volume ED</td>
<td>17</td>
</tr>
<tr>
<td>Chapter 4: Organisational requirements</td>
<td>19</td>
</tr>
<tr>
<td>Chapter 5: Volunteer recruitment</td>
<td>20</td>
</tr>
<tr>
<td>Eligibility criteria</td>
<td>20</td>
</tr>
<tr>
<td>Advertising and promotion</td>
<td>20</td>
</tr>
<tr>
<td>Recruitment tracking</td>
<td>20</td>
</tr>
<tr>
<td>Introduction session</td>
<td>21</td>
</tr>
</tbody>
</table>
### Chapter 6: Volunteer screening and documentation

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview</td>
<td>22</td>
</tr>
<tr>
<td>Referee checks</td>
<td>22</td>
</tr>
<tr>
<td>Police check</td>
<td>23</td>
</tr>
<tr>
<td>Working with Children Check</td>
<td>23</td>
</tr>
</tbody>
</table>

### Chapter 7: Volunteer training

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training</td>
<td>24</td>
</tr>
<tr>
<td>Confirmation letter</td>
<td>25</td>
</tr>
</tbody>
</table>

### Chapter 8: Volunteer uniform and equipment

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uniform</td>
<td>26</td>
</tr>
<tr>
<td>Identification and access cards</td>
<td>26</td>
</tr>
<tr>
<td>Lockers</td>
<td>26</td>
</tr>
<tr>
<td>Materials</td>
<td>26</td>
</tr>
<tr>
<td>Telephones</td>
<td>26</td>
</tr>
<tr>
<td>Information systems</td>
<td>26</td>
</tr>
</tbody>
</table>

### Chapter 9: Volunteer health and safety

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection control</td>
<td>27</td>
</tr>
<tr>
<td>Eating and drinking</td>
<td>27</td>
</tr>
<tr>
<td>Illness</td>
<td>27</td>
</tr>
<tr>
<td>Occupational exposures</td>
<td>28</td>
</tr>
<tr>
<td>Car parking</td>
<td>28</td>
</tr>
<tr>
<td>Emergency procedures</td>
<td>28</td>
</tr>
</tbody>
</table>

### Chapter 10: Volunteer probationary period

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>29</td>
</tr>
</tbody>
</table>

### Chapter 11: Program coordination

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30</td>
</tr>
</tbody>
</table>

### Chapter 12: Volunteer rostering and shifts

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rostering</td>
<td>32</td>
</tr>
<tr>
<td>Welfare payments</td>
<td>32</td>
</tr>
<tr>
<td>Communications book</td>
<td>32</td>
</tr>
<tr>
<td>Log book</td>
<td>33</td>
</tr>
<tr>
<td>Orientation</td>
<td>33</td>
</tr>
<tr>
<td>Breaks</td>
<td>33</td>
</tr>
<tr>
<td>Chapter</td>
<td>Page</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Chapter 13: Volunteer feedback and review process</td>
<td>34</td>
</tr>
<tr>
<td>Chapter 14: Volunteer performance management</td>
<td>35</td>
</tr>
<tr>
<td>Chapter 15: Volunteer support and debriefing</td>
<td>37</td>
</tr>
<tr>
<td>Chapter 16: Volunteer professional development</td>
<td>38</td>
</tr>
<tr>
<td>Chapter 17: Volunteer reimbursement and gifts</td>
<td>39</td>
</tr>
<tr>
<td>Chapter 18: Volunteer recognition</td>
<td>40</td>
</tr>
<tr>
<td>Chapter 19: Volunteer resignation and termination</td>
<td>41</td>
</tr>
<tr>
<td>Chapter 20: Managing the program</td>
<td>42</td>
</tr>
<tr>
<td>Labour requirement</td>
<td>42</td>
</tr>
<tr>
<td>Permanent staff and agency staff</td>
<td>43</td>
</tr>
<tr>
<td>Volunteer coordinator availability</td>
<td>43</td>
</tr>
<tr>
<td>Record keeping</td>
<td>43</td>
</tr>
<tr>
<td>Chapter 21: Program monitoring and evaluation</td>
<td>44</td>
</tr>
<tr>
<td><strong>Section 4: Appendices</strong></td>
<td>47</td>
</tr>
</tbody>
</table>
Section 1: Introduction
Introduction

What is the purpose of this manual?
The Volunteers in Victorian Emergency Departments (VED) program manual has been compiled to help Victorian hospitals implement, administer and deliver a volunteer program in their own emergency department (ED). The manual defines the roles and responsibilities of all the relevant stakeholders.

How should this manual be used?
• As a reference tool for all ED staff
• For training new staff
• For training new volunteers

References to other documents
This manual will assist health services to develop an ED volunteer program, or can complement and enhance an existing program. Documents that appear in italics have been included in the appendix section at the end of the manual. These documents are available electronically at www.health.vic.gov.au/emergency

How can this manual be adapted to individual ED requirements?
The manual provides a framework for operating an ED volunteer program. The program provides flexibility for individual hospitals to add or modify sections to ensure their program reflects the specific conditions in their own ED.
Section 2: Glossary
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANUM</td>
<td>The <em>associate nurse unit manager</em> fulfils the role and responsibilities of the registered nurse division 1, demonstrating expert knowledge and skills and acting as a clinical role model and principal clinical resource for staff. In some health services they are the principal triage nurse on a shift-to-shift basis. The ANUM assumes the responsibility of the NUM in their absence. In some health services this role is referred to as a team leader or nurse-in-charge.</td>
</tr>
<tr>
<td>CEO</td>
<td>The <em>chief executive officer</em> supports the operational and administrative functions of a hospital's board through implementing and delivering strategic and policy-based initiatives.</td>
</tr>
<tr>
<td>DON</td>
<td>The <em>director of nursing</em> is responsible for directing and managing nursing programs and clinical services within the hospital, ensuring that standards of care are maintained.</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency departments meet the immediate health care needs of the community, including treating medical emergencies and less urgent cases when alternative care is not available.</td>
</tr>
<tr>
<td>MOU</td>
<td>In this manual, a <em>memorandum of understanding</em> is an agreement between the hospital and volunteer that details the volunteer’s obligations.</td>
</tr>
<tr>
<td>NIC</td>
<td>The <em>nurse-in-charge</em> (or ‘charge nurse’) is the member of hospital staff on duty during any shift who holds delegated responsibility for the nurses, volunteers and patients within the unit.</td>
</tr>
<tr>
<td>NUM</td>
<td>The <em>nurse unit manager</em> provides leadership within the unit by ensuring efficient and effective provision of care based on best practice principles within a collaborative and multidisciplinary framework. The NUM usually coordinates the clinical, management and education functions within the unit.</td>
</tr>
<tr>
<td>PRC</td>
<td>A <em>Police Record Check</em> is a service provided by Victoria Police where upon all program applicants are required to obtain a <em>National police certificate</em> prior to commencing their role as a volunteer in an ED.</td>
</tr>
<tr>
<td>PSA</td>
<td>A <em>patient service assistant</em>, otherwise known as a patient care attendant (PCA), is a certified professional who performs general duties within the ED, such as cleaning, transporting patients by bed or wheelchair, and generally assists nurses with patients.</td>
</tr>
<tr>
<td>Roster</td>
<td>A monthly register detailing the dates and times volunteers are volunteering within the ED.</td>
</tr>
<tr>
<td>Volunteer</td>
<td>In this context, a volunteer is an unpaid community member who works within the ED, complementing the role of hospital staff by assisting to ease emotional distress and anxiety experienced by patients and/or their loved ones through providing practical and emotional support.</td>
</tr>
</tbody>
</table>
Volunteer coordinator

A volunteer coordinator is a paid staff member who is responsible for implementing, maintaining and coordinating the VED program. This manual refers to this role often but their tasks can equally be assigned to another member of paid staff in a health service.

Volunteer liaison officer

A volunteer liaison officer supports the volunteer coordinator in the day-to-day running of the VED program, including recruitment, selection, training and rostering of volunteers. It is understood that not all health services will employ someone in this role.

WWCC

A Working with Children Check is a statutory requirement required by all program applicants in addition to the PRC. The check is aimed at helping to protect children aged under 18 years from physical or sexual harm. The check helps to keep children safe by preventing those who pose a risk to the safety of children from working with them, in either paid or voluntary work.
Section 3: VED program operations
Chapter 1: Establishing the VED program

Purpose
The Victorian Government is committed to developing sustainable high-quality programs that improve consumer experiences in Victorian EDs. Volunteers have an important role in enhancing patient and carer experiences in EDs and their waiting rooms.

VED program volunteers complement the role of hospital staff by assisting to ease emotional distress and anxiety experienced by patients and/or their loved ones through providing practical and emotional support. Volunteers do not provide clinical care or carry out any duties otherwise performed by hospital staff.

Desired outcomes of a volunteer role
- Emotional distress and anxiety experienced by patients and/or their loved ones is eased.
- Hospital staff are able to better focus on providing clinical care, thus improving outcomes for patients.
- Patient and carer experiences in Victorian EDs are enhanced.
- Volunteering provides a vehicle for local members of the community to assist in addressing human and social needs.
- Build community capacity and develop social capital.

Implementation
The timeline below provides an overview of the key activities and when they might occur during the implementation of a VED program. The overall time taken to recruit, select and train volunteers will depend on hospital resources, response rate to advertisements and time of year.

<table>
<thead>
<tr>
<th>Week</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–2</td>
<td>Confirm volunteer coordinator and contact details&lt;br&gt;Conduct advertising and promotion&lt;br&gt;Organise volunteer introduction session(s)</td>
</tr>
<tr>
<td>3</td>
<td>Invite respondents to introduction session(s)</td>
</tr>
<tr>
<td>4</td>
<td>Conduct introduction session(s)&lt;br&gt;Provide recruitment packs to interested participants</td>
</tr>
<tr>
<td>5–7</td>
<td>Conduct volunteer interviews&lt;br&gt;Process referee, Police Record Check (PRC) and Working with Children Check (WWCC)&lt;br&gt;Advise unsuccessful applicants</td>
</tr>
<tr>
<td>8</td>
<td>Organise volunteer training session(s)&lt;br&gt;Invite applicants who completed a successful interview to training</td>
</tr>
<tr>
<td>9</td>
<td>Conduct volunteer training session(s)&lt;br&gt;Volunteers sign a memorandum of understanding (MOU)&lt;br&gt;Photograph volunteers for their security ID badge and order uniforms</td>
</tr>
</tbody>
</table>
### Week 10–11
- Advise successful/unsuccessful applicants
- Draft initial volunteer roster
- Organise resources for volunteers

### Week 12
- Identify and train volunteer liaison officer(s)
- Finalise roster (volunteer coordinator or volunteer liaison officer)

### Week 13
- Issue uniforms to volunteers
- Issue security identification badges and access cards to volunteers
- Organise and conduct an orientation for volunteers

### Week 14
- Commence program

See Section 4: Appendix 1 for a VED program implementation flowchart.

#### Staff information sessions

Staff information sessions about the VED program are best delivered prior to, and during, program operation. The volunteer coordinator can facilitate sessions for all ED staff, including nurses, doctors, support staff (such as PSAs and orderlies), clerks and regular agency staff. These sessions could cover the following topics:

- brief overview of the VED program
- how the VED program can assist ED staff
- responsibilities of the hospital, staff and volunteers
- volunteer position description (PD) (including discussion of volunteer boundaries)
- how ED staff can support the volunteers.

Information for the staff sessions can be sourced directly from the VED introduction session PowerPoint presentation and/or the VED training session PowerPoint presentation, located in the appendices section of this manual.
Chapter 2: Program roles

There are a number of roles and responsibilities required for successfully operating an ED volunteer program. The program roles may vary depending on the health service, its size, ED structure, skills of staff and available resources; however, all should be considered as part of the program planning phase. The full support of senior managers, along with the key program stakeholders, is vital to successful program implementation.

Below is a list of key staff and associated roles and responsibilities needed to facilitate a volunteer program.

**Director of nursing**

Roles and responsibilities of the hospital executive/director of nursing (DON) include ensuring that:

- local policies relevant to the program and volunteers are in place, up to date and accessible
- the nurse unit manager (NUM) and associate nurse unit managers (ANUM) understand their roles and responsibilities in regard to the program and volunteers
- the NUM and ANUM are supported to meet their responsibilities and are accountable for the program
- a volunteer coordinator is appointed to the hospital and/or ED
- volunteer recognition is embedded in organisational policy.

**Nurse unit manager**

Roles and responsibilities of the NUM (or delegate) include:

- managing the program budget
- regular consultation with the volunteer coordinator and ANUMs
- ensuring ANUMs are aware of their roles and responsibilities in relation to the program
- ensuring ANUMs are accountable for supporting the program and volunteers
- ensuring volunteers are aware of their responsibilities in relation to the program, and hospital policies and procedures
- ensuring appropriate supervisory arrangements for volunteers are in place (i.e. through the ANUMs), thus reducing the potential for incidents
- regularly attending volunteer meetings and discussion forums
- briefing the DON quarterly on the status of the program
- ensuring all complaints or issues surrounding the program and/or volunteers are dealt with expeditiously, and in a private and confidential manner.

The NUM may delegate some of the roles and responsibilities listed above to the ANUM/s.

**Associate nurse unit manager**

The ANUMs/nurse-in-charge (NIO) of each shift is responsible for monitoring the program on their shift, ensuring that staff and volunteers work within the boundaries of their positions, and that staff, volunteers and patient safety is maintained at the highest standard at all times.
Human resources department

Roles and responsibilities of the HR department (or equivalent) include:

- ensuring all applicants submit a properly completed application form, PD, PRC and WWCC
- processing all submitted forms and providing feedback to the volunteer coordinator when appropriate
- providing applicants with the correct level of training for their position
- providing successful applicants with a security identification badge, access card and emergency codes card
- providing successful applicants with access to the relevant program and hospital policies and procedures prior to commencement
- following correct procedures for performance management, suspension and/or termination or resignation of a volunteer
- ensuring volunteers return all uniform and equipment upon leaving the program.

Volunteer coordinator

Roles and responsibilities of the volunteer coordinator include:

- establishing a database to store all information pertaining to the program
- recruiting volunteers to meet both program criteria and the hospital's requirements
- ensuring volunteers are aware of their responsibilities in relation to the program, and hospital policies and procedures
- regular consultation with volunteers, the volunteer liaison officer and NUM
- regular face-to-face meetings with the volunteer liaison officer
- successful implementation of program monitoring and evaluation tools
- regularly briefing the NUM on the status of the program
- ensuring ongoing training (professional development) is available to volunteers to update their knowledge and skills relevant to their role
- ensuring all complaints or issues surrounding the program and/or volunteers are dealt with expeditiously, and in a private and confidential manner
- ensuring support and debriefing/counselling is readily available for a volunteer if required.

Volunteer liaison officer

A volunteer liaison officer is a voluntary position, and acts as the first point of contact for volunteers; it supports the paid volunteer coordinator in the day-to-day running of the program. Roles and responsibilities of the volunteer liaison officer include:

- working within the VED program and hospital policies and procedures
- working within the volunteer liaison officer's PD
- liaising with the volunteer coordinator, staff, volunteers and patients regarding the operation of the program and reporting any issues or concerns
- assisting in the recruitment, selection and training of volunteers, supported by the volunteer coordinator
- assisting in the supervision, coordination and rostering of volunteers
• advising the volunteer coordinator of changes to volunteers’ contact details or other relevant information
• monitoring volunteer participation (such as checking the communications book)
• assisting in volunteer recognition
• assisting to prepare regular reports.

Volunteer liaison officer position description

The volunteer liaison officer PD should outline the selection criteria, key responsibilities and specific requirements of the role, to ensure potential volunteer liaison officers understand and are suitable for the role. All potential volunteers should be given a copy of the PD in the introduction session and must be recruited to meet the selection criteria.

See Section 4: Appendix 2 for a sample volunteer liaison officer PD.

Volunteer

Roles and responsibilities of an ED volunteer can include:

• guiding and orientating visitors to (and within) the ED
• providing patients with practical and emotional support during the waiting period and, if requested, during treatment
• liaising with patients and staff as requested to communicate non-clinical information
• providing refreshments to family and friends of patients, and to those patients permitted (by the clinician caring for them) to eat and drink
• offering comfort to family and friends of patients
• providing diversions to occupy patients and/or family and friends in the waiting room (magazines, books, pencils)
• assisting with caring for children (provided a parent consents) to allow parents/patients to concentrate on receiving attention
• working cooperatively with ED staff to ensure the non-clinical and emotional needs of patients and attending family/carers are met.

It is not appropriate for volunteers to:

• involve themselves in any aspect of a patient’s care, including:
  - assisting patients in any physical way including moving or lifting
  - voicing an opinion on a clinical issue to the patient, staff or visitor
  - providing, or assisting in the provision of, first aid or any other clinical procedure
  - providing a referral to a service (not limited to medical)
  - acting as a interpreter
  - completing documentation on a patient or family member’s behalf
• offer to drive, or actually driving, a patient or visitor anywhere
• offer the use of their own private mobile phone to patients or visitors
• offer or accepting money to/from patients or visitors
• feed patients
• empty bed pans
• make beds
• perform cleaning or other housekeeping duties
• clean up after a patient (i.e. blood, vomit, excrete)
• restock cubicles
• transport patients by wheelchairs or any other equipment
• move patients’ luggage or any other equipment
• accompany patients outside for any reason (i.e. smoking, moving a vehicle)
• accompany patients and/or family and friends to toilet facilities
• assist with physical therapy
• perform other duties of paid staff.

Volunteer position description

The volunteer PD outlines the selection criteria, key responsibilities and specific requirements of the role to ensure potential volunteer, understand and are suitable for the role. All potential volunteers should be given a copy of the PD in the introduction session and be recruited to meet the selection criteria.

A volunteer PD is included in the appendix section of this manual. If you feel the document document does not adequately reflect either the environment or conditions within which the ED operates, you could consult your HR department (or equivalent) for further advice.

See Section 4: Appendix 3 for a volunteer PD.
Chapter 3: Program costs and labour requirements

The costs to implement and maintain a VED program will depend on the level of activity in the hospital’s ED, the number of shifts required, and if there is an existing volunteer service or department in place. If these exist some costs may be absorbed into existing structures.

The activity level of the ED should be used to guide the size of the program and number of shifts required at each hospital. For the purpose of this program, EDs have been classified as low, medium or high volume, based on the approximate number of annual ED attendances.

Each level of ED will be considered individually, but the parameters used to quantify the program costs for all EDs are:

- the ED operates 24 hours a day, seven days a week
- two volunteers are preferred per each shift, thereby providing support for each other, while maintaining shift coverage in the event of illness
- recruiting an additional 25 per cent above the minimum number of required volunteers, to help provide 100 per cent cover of rostered shifts
- annual volunteer turnover is assumed to be 25 per cent
- initial advertising and promotion costs are based on two paid advertisements
- maintenance advertising and promotion costs are based on one paid advertisement
- training costs are based on using internal locations and information technology, minimising the potential costs associated with off-site training
- staffing costs are based on an hourly rate of $27.00 plus 20 per cent on-costs.

The below table summarises some of the other factors considered in estimating costs by ED volume.

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Low volume</th>
<th>Medium volume</th>
<th>High volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual attendances</td>
<td>30,000</td>
<td>30,000–50,000</td>
<td>50,000 +</td>
</tr>
<tr>
<td>Approximate shifts required per week</td>
<td>16</td>
<td>21</td>
<td>28</td>
</tr>
<tr>
<td>Overall number of volunteers required</td>
<td>40–50</td>
<td>55–70</td>
<td>70–90</td>
</tr>
<tr>
<td>Recommended number of volunteer liaison officers required</td>
<td>1</td>
<td>1</td>
<td>2–3</td>
</tr>
<tr>
<td>Time spent coordinating the program per week for volunteer coordinators</td>
<td>10–12 hours</td>
<td>13–15 hours</td>
<td>15–20 hours</td>
</tr>
<tr>
<td>Number of volunteers used to estimate costs</td>
<td>40</td>
<td>56</td>
<td>70</td>
</tr>
<tr>
<td>Ratio of ad respondents to number who will attend the information session</td>
<td>100:60</td>
<td>140:85</td>
<td>175:105</td>
</tr>
<tr>
<td>Ratio of interviewees to successful applicants (at program set-up)</td>
<td>45:40</td>
<td>65:55</td>
<td>80:70</td>
</tr>
<tr>
<td>Ratio of interviewees to successful applicants to maintain recruitment</td>
<td>22:20</td>
<td>31:28</td>
<td>40:35</td>
</tr>
</tbody>
</table>
Low-volume ED

Suggested volunteer shifts for a low-volume ED are:

- Monday to Friday:
  - 12–3 pm
  - 3–6 pm
- Saturday to Sunday:
  - 12 3 pm
  - 3–6 pm
  - 6–9 pm

Table 2. VED program implementation costs and labour requirements for a low-volume ED

<table>
<thead>
<tr>
<th>Implementation</th>
<th>Staff costs</th>
<th>Staff hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item</td>
<td>$</td>
<td>($) (number)</td>
</tr>
<tr>
<td>Advertising and promotion</td>
<td>1025</td>
<td>162</td>
</tr>
<tr>
<td>Volunteer recruitment, selection and documentation</td>
<td>1440</td>
<td>4504</td>
</tr>
<tr>
<td>Volunteer training</td>
<td>390</td>
<td>470</td>
</tr>
<tr>
<td>Volunteer equipment</td>
<td>5350</td>
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</tr>
<tr>
<td>Volunteer administration</td>
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</tr>
<tr>
<td><strong>Subtotal</strong></td>
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</tr>
<tr>
<td><strong>Total cost</strong></td>
<td><strong>29606</strong></td>
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</tr>
</tbody>
</table>

Note: All costs associated with initial implementation are expected to reduce or remain relatively static as the program moves into maintenance mode. The initial recruitment, selection and training of volunteers largely contributes to the variance in the allocation of staff resources throughout the implementation and maintenance stages of the program’s lifecycle.
### Table 3. VED program maintenance costs and labour requirements for a low-volume ED

<table>
<thead>
<tr>
<th>Item</th>
<th>Staff costs</th>
<th>Staff hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising and promotion</td>
<td>513</td>
<td>81</td>
</tr>
<tr>
<td>Volunteer recruitment, selection and documentation</td>
<td>720</td>
<td>2163</td>
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<tr>
<td>Volunteer training</td>
<td>265</td>
<td>340</td>
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<tr>
<td>Volunteer equipment</td>
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<td>162</td>
</tr>
<tr>
<td>Volunteer administration</td>
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<tr>
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</tr>
<tr>
<td><strong>Total cost</strong></td>
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<td></td>
</tr>
</tbody>
</table>

See Section 4: Appendices 4 and 5 for a detailed breakdown of costs associated with implementing and maintaining a volunteer program within a low-volume ED.

### Medium-volume ED

Suggested volunteer shifts for a medium-volume ED are:

- Monday to Sunday:
  - 12–3 pm
  - 3–6 pm
  - 6–9 pm

### Table 4. VED program implementation costs and labour requirements for a medium-volume ED

<table>
<thead>
<tr>
<th>Item</th>
<th>Staff costs</th>
<th>Staff hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising and promotion</td>
<td>1025</td>
<td>188</td>
</tr>
<tr>
<td>Volunteer recruitment, selection and documentation</td>
<td>2016</td>
<td>6117</td>
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<td>Volunteer training</td>
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<td>Volunteer equipment</td>
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Table 5. VED program maintenance costs and labour requirements for a Medium-volume ED

<table>
<thead>
<tr>
<th>Item</th>
<th>Staff costs</th>
<th>Staff hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising and promotion</td>
<td>513</td>
<td>94</td>
</tr>
<tr>
<td>Volunteer recruitment, selection and documentation</td>
<td>1008</td>
<td>2968</td>
</tr>
<tr>
<td>Volunteer training</td>
<td>371</td>
<td>340</td>
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<tr>
<td>Volunteer equipment</td>
<td>3920</td>
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<tr>
<td>Volunteer administration</td>
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</tr>
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</table>

See Section 4: Appendices 6 and 7 for a detailed breakdown of costs associated with implementing and maintaining a volunteer program within a medium-volume ED.

High-volume ED

Suggested volunteer shifts for a high-volume ED are:

- Monday to Sunday:
  - 12–3 pm
  - 3–6 pm
  - 6–9 pm
  - 9–12 am

Table 6. VED program implementation costs and labour requirements for a high-volume ED

<table>
<thead>
<tr>
<th>Item</th>
<th>Staff costs</th>
<th>Staff hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising and promotion</td>
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<tr>
<td>Volunteer recruitment, selection and documentation</td>
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<td>Volunteer training</td>
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<tr>
<td>Volunteer equipment</td>
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<td>Volunteer administration</td>
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Table 7. VED program maintenance costs and labour requirements for a high-volume ED

<table>
<thead>
<tr>
<th>Maintenance Item</th>
<th>Staff costs</th>
<th>Staff hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising and promotion</td>
<td>522</td>
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<td>Volunteer recruitment, selection and documentation</td>
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<td>Volunteer training</td>
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<td>Volunteer administration</td>
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<tr>
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</tr>
</tbody>
</table>

See Section 4: Appendices 8 and 9 for a detailed breakdown of costs associated with implementing and maintaining a volunteer program within a high-volume ED.
Chapter 4: Organisational requirements

Providing and maintaining a safe working environment is critical to improving staff, volunteer and consumer experiences in Victorian EDs. To this end, it is expected that health services will have clear and appropriate policies and procedures in place to ensure that health services and volunteers comply with all their legal obligations, including:

- the duty of care owed by the health service – to volunteers and ED visitors
- the duty of care owed by the volunteers to ED visitors
- equal opportunity – recruiting, engaging and managing volunteers based on a spirit of merit, safety and flexibility
- taking all reported grievances or complaints seriously, and dealing with them in an appropriate and transparent manner
- providing a safe and healthy workplace for all staff, including volunteers
- ensuring that harassment, bullying and any form of discrimination or victimisation are not permitted in the workplace
- insurance: reminding volunteers that their personal property is not covered under health service’s insurance*, so they should not bring valuables into the hospital
- the obligation of the health service and all staff and volunteers to protect the privacy and confidentiality of information.

* Volunteers in Victorian public hospitals, provided they are over 15 years of age, are covered by Victorian Managed Insurance Authority (VMIA) cover. However, there are limits on personal accident cover, notably that volunteers over 75 years are not eligible for weekly or permanent disablement benefits, and those injured while volunteering between 75 and 90 years, receive limited death benefits and funeral expenses.
Chapter 5: Volunteer recruitment

Eligibility criteria
To be eligible to be a volunteer, the applicant should:

- be aged 18 years or over
- be physically fit enough to move around the waiting room (and other nominated areas) for up to three hours
- be willing to adhere to all VED program and hospital policies
- commit to a minimum of at least two shifts per month
- meet the selection criteria as outlined in the PD
- successfully complete background checks
- agree to attend training sessions as required
- comply with federal and state law.

Advertising and promotion
As recommended in the timeline provided in Chapter 1, advertising and/or promotion of the program is best commenced several months before the intended first day of the program. The following channels have been found to be effective in capturing community interest:

- local volunteer resource centre
- local community billboards/newsletters
- local radio
- your health service website (a page dedicated to volunteer opportunities)
- other volunteer program information sessions
- through other volunteers.

As the program shifts from implementation to maintenance, it is recommended that ‘maintenance’ advertising and promotion occurs annually in late January/early February, allowing for people returning from leave over the summer period, and maximising the dollar spend in terms of the number of responses from interested participants.

NB: It is often useful to coordinate program advertising through the hospital’s marketing and communications department (or equivalent) to ensure a correct and consistent message is delivered to the intended audience.

See Section 4: Appendices 4, 5, 6, 7, 8 and 9 for advertising and promotional costs associated with implementing and maintaining the program.

Recruitment tracking
Once the VED program has been advertised, interest from potential volunteers should be recorded and the potential volunteer given information regarding the next stage. A ‘recruitment tracker’ (or similar tool) can be used to record information such as:

- details of the potential volunteer, including:
  - name
  - telephone number(s)
  - email address
whether the potential volunteer will be attending an upcoming introductory session to the program and, if so, which particular session
any questions the potential volunteer may have about the program’s needs/aims, training, commitment required and police/referee checks.

The recruitment tracker can be used to track the status of all documentation associated with the recruitment stages of the program, and can also be modified to incorporate additional information such as shift availability.

See Section 4: Appendix 11 for a recruitment tracker template.

Introduction session

Introduction sessions are usually conducted by the volunteer coordinator in approximately the fourth week of initial program implementation (or early in the following year/s for subsequent volunteer number maintenance). These sessions provide potential volunteers with information about the VED program and an opportunity to ask any questions before they submit an application form.

The introduction session usually involves group work and activities that help to assess applicants against the selection criteria outlined in their PD, as well as highlighting some of the typical scenarios they may encounter in their role.

Introduction sessions are best held at the hospital (or another suitable local venue) and will usually last 1½ – 2 hours. If a potential volunteer cannot attend a planned session, options such as a supplementary session or attending a session at another hospital may be available. In the event they cannot attend either session, consider mailing recruitment packs.

Topics that are generally covered in the introduction session include:
- welcome and introduction activities
- the mission/vision of the hospital (and other general information)
- aims and desired outcomes of the VED program
- selection criteria and roles and responsibilities of volunteers
- typical scenarios encountered within the waiting room or cubicles of an ED
- the recruitment process
- training requirements and professional development opportunities
- feedback and support offered by the hospital.

See Section 4: Appendix 12 for a sample introduction session PowerPoint presentation.
See Section 4: Appendix 13 for an introduction session checklist.

Participants interested in applying to become volunteers should be provided with a recruitment pack containing a PD, application form, consent to a PRC and WWCC.

Perhaps at the conclusion of the session, participants could also choose to nominate an interview time on an interview booking sheet.

See Section 4: Appendix 3 for a volunteer PD.
See Section 4: Appendix 14 for a volunteer application form.
Chapter 6: Volunteer screening and documentation

Interview

Organising an interview with applicants provides a good opportunity for the applicant to learn more about the volunteer role and for the health service to get a better sense of the applicant.

The following general interview guidelines might help.

- Two interviewers are better than one (where this is not possible, the sole interviewer should be a person with detailed knowledge of the program).
- One interviewer should be the volunteer coordinator (if available) and the other an ANUM, ED staff member and/or the volunteer liaison officer.
- Choose an appropriate setting – somewhere out of the way where it is quiet and you will not be interrupted.
- It often helps to start by explaining the purpose and format of the interview to make the applicant feel more at ease.
- Most interviews will last approximately 30–45 minutes and it helps to make notes of all interviewee responses on the interview form.
- For an applicant to proceed to the next stage of recruitment both interviewers should agree.
- Finish by letting the interviewee know they will be contacted shortly about the outcome of their application.

See Section 4: Appendix 15 for a volunteer interview form.

If the applicant is successful at the interview stage, they proceed to the next stage of recruitment, where referee, police, and Working with Children checks are conducted (it is best to ensure consent has been given to conduct these checks at interview).

If the applicant is unsuccessful at the interview stage, notification should be provided in writing.

See Section 4: Appendix 16 for an interview stage checklist.
See Section 4: Appendix 17 for an unsuccessful application letter.

Referee checks

Referee checks are usually conducted by an experienced person such as the volunteer coordinator (supported by a volunteer liaison officer/ANUM). It is recommended that two referees are contacted and their responses recorded in writing on a Volunteer reference check form (refer to Appendix 18). The referee should be asked specific questions to address any concerns the interviewers may have about an applicant.

The applicant should be asked to provide at least one professional referee. In cases where the applicant cannot provide a professional referee, a hospital staff member or another volunteer known to the applicant may be acceptable. Family members are generally not acceptable as referees.

It is often a good idea to ask the referees if they consent to the hospital disclosing what they have said about an applicant.

If a referee check is unsatisfactory, the applicant should be advised (in writing) that their application has been unsuccessful (refer to Appendix 17).

See Section 4: Appendix 18 for a sample volunteer reference check form.
Police Record Check

All applications are required to submit to a PRC through Victoria Police. A recorded conviction may require further investigation and discussion between the volunteer coordinator, NUM and HIR department (or equivalent).

If a volunteer is charged with a criminal offence during the time they are an approved volunteer, they are required to inform the volunteer coordinator at the earliest opportunity. These cases should be reviewed on an individual basis to determine if the offence, or its ramifications, will affect the volunteer’s ability to perform their duties, or will bring the program and/or hospital’s reputation into disrepute.

A form can be obtained directly from the Victoria Police on the following:

Telephone: 1300 881 596 (office hours are 8 am to 5 pm, Monday to Friday); or Internet: www.police.vic.gov.au

Working with Children Check

Any individual applying to volunteer in the ED of any hospital (or those volunteers undertaking duties in one of the counselling and support services for children or paediatric wards) is required to submit to a WWCC.

A form can be obtained directly from the Department of Justice on the following:

Telephone: 1300 652 879 (office hours are 8.30 am to 5 pm, Monday to Friday)

In the event of an unsatisfactory PRC or WWCC, the applicant should be advised (in writing) that their application has been unsuccessful (refer to Appendix 17). Applicants who wish to discuss their application further might be better directed to the HR department (or equivalent).
Chapter 7: Volunteer training

Training

Applicants who successfully complete the interview stage and return satisfactory referee and police checks are invited to attend volunteer training – a vital part of the recruitment process. Giving applicants the option of attending one of two training sessions (possibly one in and one out of business hours) provides greater flexibility and reduces the risk of non-attendance.

It is often a good idea for the volunteer coordinator to invite key program stakeholders, such as the NUM and a representative from the HR department (or equivalent), to speak to the applicants.

The training program offered in Appendix 19 has been designed to provide applicants with further information about the hospital, the dynamic nature of volunteering in an ED, and the role and responsibilities of a volunteer. Group activities help the facilitators assess applicants against the selection criteria outlined in their PD, as well as highlighting typical scenarios applicants may encounter in their role. In general, the minimum level of training should cover the following topics:

- brief overview of the hospital
- the aim and objectives of the VED program
- roles and responsibilities of the hospital, staff and volunteers
- recruitment and selection process
- privacy and confidentiality
- uniform and equipment
- occupational health and safety (OH&S)
- rostering and shifts
- feedback and review process
- performance management
- support and debriefing
- professional development
- reimbursement and gifts
- recognition
- resignation and termination.

To make best use of time, the training session could be used as an opportunity to:

- request applicants to sign an MOU (or similar agreement)
- take a photo (if not already supplied) of each applicant (anticipating the applicant will be successful in their application)
- allow applicants to try on sample uniforms to provide accurate uniform sizing (anticipating the applicant will be successful in their application).

See Section 4: Appendix 10 for an example MOU.
See Section 4: Appendix 19 for a training session PowerPoint presentation.
See Section 4: Appendix 21 for a training session checklist.
Confirmation letter

Applicants who successfully complete the training stage of recruitment should be advised in writing of their successful application to be a volunteer, together with copies of the signed PD and MOU. Unsuccessful applicants should equally be sent a letter at this stage.

See Section 4: Appendix 17 for an unsuccessful application letter.
See Section 4: Appendix 22 for a successful application letter.

Remember to record details of both successful and unsuccessful applicants in the recruitment tracker and/or volunteer database.
Chapter 8: Volunteer uniform and equipment

Uniform
Health services often provide their volunteers with a prescribed uniform for them to wear while performing their duties. Because volunteers will spend the majority of the shift on their feet, they should wear sturdy, closed-toed shoes for their comfort and safety.

Identification and access cards
Volunteers will need an official hospital security identification badge, access card (providing access to cubicles and staff room) and emergency codes card for OH&S requirements. The security identification badge should be worn at chest level at all times, or in line with the health service’s policy.
Volunteers should only wear the ID badge assigned to them and return all security cards when they leave the role.

Lockers
Volunteers should be given access to a secure space, such as a locker, to store their personal belongings while undertaking their shift within the ED.

Materials
The volunteer coordinator should provide volunteers with access to resources to occupy children (such as books, crayons, pencils and toys). When dealing with children, volunteers should obtain permission from the child’s parent or accompanying adult before offering toys, pencils etc.
If the volunteer wishes to provide additional resources, they are to contact the volunteer coordinator to seek permission to do so. Reimbursement of additional expenses will be at the discretion of the volunteer coordinator.

Telephones
Depending on your individual health service’s policy, volunteers are not usually permitted to use hospital telephones for personal calls, except in the case of an emergency or if prior approval has been given by the ANUM/NIC. However, volunteers may usually use the telephones to assist patients and carers contact family and/or friends of patients, if requested.
Volunteers should not use personal mobile phones in an ED.

Information systems
Volunteers are not usually permitted to use hospital information systems, such as computers and fax machines, without permission from either the NUM or ANUM/NIC.
Chapter 9: Volunteer health and safety

All staff, volunteers, patients and visitors have the right to be provided with a safe work environment. As part of their induction, volunteers should be made aware of the realities of working in a hospital environment, as outlined below.

Infection control

For their own protection and the protection of others, volunteers should wash their hands (either with soap and water or a waterless antibacterial cleanser):

- before:
  - commencing work
  - entering cubicles
  - handling food
- after:
  - consuming food
  - visiting the toilet
  - using a handkerchief or tissue
  - touching their ears, nose, mouth or other parts of the body
  - smoking
  - wearing gloves.

It would be beneficial for health services to explain to volunteers the most effective ways of hand washing in a hospital environment.

Eating and drinking

Volunteers should avoid consuming any type of food or drink in the waiting room of the ED, or any other ward area within the hospital. There are designated areas, such as the cafeteria, kiosk or staff room, for this purpose.

Volunteers should ask a clinician before providing patients with food or drink. Some treatments require patients to fast for a specified period of time. Volunteers are permitted and encouraged to provide family and friends of patients with refreshments, provided the hospital has the facilities to do so.

Illness

The hospital has a duty of care to its staff, volunteers and ED visitors to provide a safe working environment by ensuring infection risk and spread of disease is minimised.

Volunteers should notify the volunteer coordinator (or volunteer liaison officer) as soon as possible of their inability to attend a rostered shift due to illness, and advise whether the illness is likely to result in long-term absence from the program so that alternative roster arrangements can be made.

Refer to Chapter 12: Rostering and shifts.
Occupational exposures

Volunteers may experience exposure to infection risk through contact with patients, needles or air-borne bacteria. In such instances, volunteers should advise the ANUM/NIC immediately so that appropriate action can be taken.

Volunteers should leave picking up or disposing of needles, sick bags, soiled tissues and nappies to hospital staff; although, if they come across these items they should advise the ANUM/NIC so that arrangements can be made to safely dispose of them.

Car parking

Hospitals, where possible, should provide volunteers with access to the staff car park. The volunteer coordinator will advise volunteers prior to initial commencement about parking arrangements.

Volunteers can request hospital security to escort them to their vehicle, regardless of the finishing time of their shift or where the vehicle is located.

Emergency procedures

Volunteers should receive training on emergency procedures and protocols. This is best handled during both the training stage of the recruitment process, and orientation and should cover:

- the location of protective and safety equipment
- the location, and correct usage, of both fire alarms and extinguishers
- the difference between, and procedures to follow, in the event one of the ‘codes’ is called over the internal PA system:

This information is best provided on a printed emergency codes card and attached to the security identification badge that the volunteer will carry at all times.

In most cases, the volunteer is required to advise a nominated staff member (generally the ANUM/NIC) of an impending or occurring emergency before activating the emergency system.

Volunteers exposed directly or indirectly to an emergency should be debriefed and provided with counselling if required.

Refer to Chapter 15: Volunteer support and debriefing.
Chapter 10: Volunteer probationary period

It is a good idea for either the volunteer coordinator or volunteer liaison officer to phone volunteers after completing their first shift. The purpose of the call is to identify if there are any concerns or issues from the volunteer’s perspective, and provides the volunteer coordinator/volunteer liaison officer with an opportunity to reassure the volunteer if required.

A three-month probationary period is recommended for all volunteers. At the end of the three-month period, the volunteer should meet with the volunteer coordinator to discuss:

- the satisfaction of the role for the volunteer
- the performance of the volunteer in their role
- any concerns the volunteer has with either the role or program.

This meeting is an opportunity for the volunteer coordinator to either confirm or dismiss the volunteer. In some cases, the volunteer may be able to transfer to another volunteer position within the hospital; however, discretion will lie with the volunteer coordinator.

See Section 4: Appendix 23 for a volunteer probation feedback form.
See Section 4: Appendix 24 for a volunteer dismissal notice.
Chapter 11: Program coordination

The volunteer coordinator, supported by the volunteer liaison officer, is usually responsible for the day-to-day running of the volunteer program. Communication within the program will occur through a number of channels, and generally be task specific:

- **letter:**
  - acceptance/rejection as a volunteer
  - monthly rosters to volunteers
  - monthly newsletters to volunteers
  - invitations to catch-up meetings, training and professional development opportunities for volunteers
- **telephone:**
  - responding to initial program enquiries
  - inviting applicants to attend introduction session(s), interview and training session(s)
  - processing referee checks for applicants
  - rostering volunteers (including replacing shifts)
  - providing support to volunteers following:
    - a volunteer’s first shift
    - an incident directly or indirectly involving the volunteer
- **email:**
  - responding to initial program enquiries
  - monthly rosters to volunteers (including the replacement of shifts)
  - monthly newsletters to volunteers
  - liaising with staff, including:
    - ED NUM and ANUMs
    - ED PSAs, orderlies and so on
    - other NUMs and ANUMs within the hospital
    - HR department (or equivalent)
    - referring agencies
    - security
- **person:**
  - inviting applicants to attend interviews
  - invitations to catch-up meetings, training and professional development opportunities for volunteers
  - catch-up meetings with the NUM
  - providing support to volunteers following:
    - a volunteer’s first shift
    - an incident directly or indirectly involving the volunteer
• communications book:
  - feedback from volunteers regarding concerns or issues they encounter during their shifts
  - information for volunteers relating to policy and procedural changes
  - upcoming events for volunteers
• log book:
  - volunteers sign in and out
  - volunteers enter statistics associated with program monitoring and evaluation.
Chapter 12: Volunteer rostering and shifts

Rostering
The volunteer coordinator, supported by a volunteer liaison officer (if available), will roster volunteers according to both their availability and ED requirements. The below table provides a guide based on the attendance rate of your ED.

<table>
<thead>
<tr>
<th>Day</th>
<th>Low volume</th>
<th>Medium volume</th>
<th>High volume</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hours</td>
<td>Hours</td>
<td>Hours</td>
</tr>
<tr>
<td>Monday to Friday</td>
<td>12–3, 3–6</td>
<td>12–3, 3–6, 6–9</td>
<td>12–3, 3–6, 6–9, 9–12</td>
</tr>
<tr>
<td>Saturday to Sunday</td>
<td>12–3, 3–6, 6–9</td>
<td>12–3, 3–6, 6–9</td>
<td>12–3, 3–6, 6–9, 9–12</td>
</tr>
</tbody>
</table>

To save time, it is a good idea to ask applicants to indicate their availability at interview stage. This can of course be revised later but it will help the volunteer coordinator to plan shifts.

Volunteers are usually required to commit to a minimum of two shifts per month (with a maximum of three shifts per fortnight), with the possibility of being available weekly during various stages of the year. Volunteer availability often reduces during winter, and over the festive season in December and January.

In some health services (and depending of the nature of the PD and/or MOU they sign) volunteers are responsible for finding a replacement for their shift if they are ill or other circumstances prevent them from working. Alternatively, volunteers may only be required to advise the volunteer coordinator (or volunteer liaison officer) who will then attempt to organise a replacement.

In the event that a volunteer is planning on taking an extended period of leave, it is important for planning purposes to advise the volunteer coordinator (or volunteer liaison officer) as soon as possible.

Volunteers who continually cancel shifts may need their position reviewed.

Welfare payments
Some volunteers might require a certain number of contact hours to meet welfare agencies or payment requirements. It is not the responsibility of health services to meet those requirements, but is reasonable for volunteers requiring confirmation of hours worked for welfare agency payments to submit documentation to the volunteer coordinator for signing.

Communications book
A communications book is a useful monitoring tool whereby the volunteer coordinator (and/or volunteer liaison officer) and volunteers can record information relating to:

- any concerns or issues that arose during the course of a shift
- availability/unavailability of volunteers
- policy and procedural matters
- any upcoming events.

It should be stored in a secure space (such as a locker, allocated to volunteers) for privacy and confidentiality reasons.
Log book

A log book is useful way of tracking the comings and goings of volunteers. Volunteers can use the log book to:

- sign in prior to commencing their shift
- sign out upon finishing their shift
- record the number of visitors the volunteer supported during their shift.

Orientation

It is important to conduct some kind of orientation process for volunteers to help them navigate their way around the hospital. Depending on staff availability this might occur before or during the volunteer’s first shift. Orientation will generally involve volunteers being shown the:

- layout of ED (waiting room, cubicles, staff room, toilets)
- location of protective and safety equipment
- location, and correct usage, of both fire alarms and extinguishers
- location of assigned secure space (i.e. locker)
- location of the log book
- location of program resources (magazines, books, pencils etc).

As the program moves from implementation to maintenance, volunteers undertaking their first shift could be paired with an appropriately experienced volunteer who could facilitate orientation on behalf of the volunteer coordinator.

Breaks

Volunteers are encouraged to take a 10-minute break during their shift. In the event the waiting room (and/or cubicles) is relatively quiet, volunteers can usually rely on their own discretion in taking additional breaks. If in any doubt as to the timing of a break, volunteers should check with the ANUM/NIC. Volunteers should have access to the condiments and facilities provided in the staff room.

Hospitals are not required to provide meals or meal vouchers for volunteers; however, they may do so at their own discretion.
Chapter 13: Volunteer feedback and review process

It is often beneficial for the volunteer coordinator (or volunteer liaison officer) to contact a volunteer after one month of service to ascertain the level of satisfaction the volunteer has so far experienced, and address any concerns he or she may have. This could also be done through a group catch-up meeting.

Volunteers also have an opportunity to provide feedback following their probationary period (if applicable), when they meet with the volunteer coordinator (refer to Appendix 23 for a volunteer probation feedback form).

Quarterly catch-up meetings with volunteers can be used to inform volunteers of the latest developments within the hospital, statistical information pertaining to the program, policy and procedural changes and upcoming events.

Volunteers should be encouraged to provide feedback at any time, either by phone, email or in person, to the volunteer coordinator or volunteer liaison officer.
Chapter 14: Volunteer performance management

Just like all paid staff, volunteers are subject to the policies and procedures of the hospital and the guidelines suggested in this manual. Some health providers may have additional requirements relating to the performance management of volunteers, which will serve to override the minimum standards outlined below.

All effort should be made to resolve performance issues in a positive and informal manner. This might include:

- counselling
- additional training and/or supervision
- reassignment
- verbal warnings.

The following outlines a suggested process for managing volunteer performance and behaviour.

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Notification</td>
<td>Inform the volunteer of the matter that has led to commencing disciplinary action. Discussions relating to the disciplinary action should be between those directly involved. All parties should maintain confidentiality and respect privacy.</td>
</tr>
<tr>
<td>Step 2</td>
<td>Counselling</td>
<td>The volunteer coordinator or HR department (or equivalent) should initiate counselling as soon as they become aware of a performance or behaviour issue in order to facilitate early resolution and avoid escalation. In this session, the expected level of performance or behaviour for the role should be discussed, how the volunteer has not met those expectations, if there are any extenuating circumstances, and a plan of action devised to meet expectations. If the matter is not resolved, the process should advance to the verbal warning stage.</td>
</tr>
<tr>
<td>Step 3</td>
<td>Verbal warning</td>
<td>The expected level of performance or behaviour for the role would again be discussed at this stage, as well as how the volunteer has not met those expectations, if there are any extenuating circumstances, and a plan of action devised to meet expectations. The volunteer should be clearly advised that failure to make appropriate changes (within a specified timeframe) may result in a written warning and/or possible dismissal. A written record of the meeting should be prepared and signed by all parties present, and attached to the volunteer’s file. NB: The volunteer and employee are able to have a representative present at the meeting.</td>
</tr>
<tr>
<td>Step 4</td>
<td>Written warning</td>
<td>Unless the volunteer achieves a satisfactory level of performance or behaviour, a final written warning would be issued.</td>
</tr>
</tbody>
</table>
### Step 5: Dismissal

<table>
<thead>
<tr>
<th>Description</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dismissal</td>
<td>Substantive and procedural fairness must be demonstrated in order to show that ‘natural justice’ has been accorded to the volunteer. The executive director or CEO, acting on the advice of the HR department (or equivalent) or volunteer coordinator, should be responsible for dismissing the volunteer.</td>
</tr>
</tbody>
</table>

In certain circumstances of serious or gross misconduct, the volunteer coordinator may decide to:

- immediately stand down a volunteer pending an investigation or
- issue a first and final written warning.

In all matters resulting in dismissal, only a member of the senior management team or volunteer coordinator acting on the advice of the HR department (or equivalent) should dismiss the volunteer.

Refer to Chapter 19: Volunteer resignation and termination for further information.

See Section 4: Appendix 24 for a dismissal notice.
See Section 4: Appendix 25 for a record of counselling pro forma.
See Section 4: Appendix 26 for a written warning pro forma.
See Section 4: Appendix 27 for a volunteer exit feedback form.
Chapter 15: Volunteer support and debriefing

Volunteers working in EDs may be exposed to unpleasant or stressful situations that have the potential to affect their emotional, mental or physical health and, as such, they should be offered support and debriefing/counselling, provided free of charge by the health service.

In the event that a volunteer is exposed to such a situation while performing their duties, they should be encouraged to debrief with the ANUM/NIC as soon as possible. If the ANUM/NIC or volunteer deems the initial debrief is not sufficient, the matter should be referred to the volunteer coordinator to organise a formal debriefing.

Where a volunteer is involved in or witnesses a critical incident, the volunteer coordinator, with the assistance of the ANUM/NIC, should complete an incident report form that notes:

- the name and contact details of the volunteer
- the date and time of the incident
- a description of the incident
- the date and time of the debrief (if required)
- the outcome of the debrief.

All matters relating to incidents that occur within the ED, and subsequent debriefing of those staff and volunteers involved, should remain private and confidential.

The volunteer coordinator may choose to use the quarterly catch-up meetings as a forum to discuss general issues with volunteers, albeit maintaining patient and volunteer confidentiality.

See Section 4: Appendix 28 for an incident report form.
Chapter 16: Volunteer professional development

Ongoing learning and development opportunities should be extended to volunteers, just as they are to paid staff. These might include: OH&S and emergency procedure updates; information about mental health, dementia, diabetes and substance abuse; and cultural and linguistic studies.

It is reasonable for the health services to expect that volunteers will:

- actively participate in identifying learning and development needs
- actively participate in any agreed learning and development activity
- complete an evaluation form on completion of any learning or development activity (which allows the hospital to monitor the effectiveness of individual activities and presenters)
- share their learning experiences with other volunteers.

Quarterly catch-up meetings provide an ideal opportunity to conduct learning and development activities.

In the event that a volunteer is unable to attend a learning and development activity, all efforts should be made to communicate the information to them as soon as possible, perhaps via a newsletter or information sheet.

Certain learning and development activities that require expenditure, such as first aid training and food handling and hygiene training, should be discussed with the volunteer coordinator prior to enrolment. Hospitals are not responsible for any expense incurred by volunteers who choose to undertake non-approved learning and development opportunities independently.

See Section 4: Appendix 29 for a learning and development evaluation form.
Chapter 17: Volunteer reimbursement and gifts

Volunteers may be eligible for reimbursement of reasonable, pre-approved, out-of-pocket expenses incurred on behalf of the hospital (such as magazines, books or crayons).

Volunteers who offer to provide additional resources for the waiting room should check with the volunteer coordinator first, as they may or may not be entitled to a reimbursement.

See Section 4: Appendix 30 for a sample reimbursement claim form.

As is the case with all hospital staff, volunteers should not accept money from patients or other visitors to the ED. If patients or visitors would like to make a donation, they should be made aware of the hospital’s auxiliaries or other charity organisations associated with the hospital.

If patients and/or their families would like to show their appreciation to the volunteer by giving them a small gift, the volunteer should be able to accept the gesture, providing the gift is of no commercial value. (If a volunteer is unsure as to whether a gift meets this criteria, they should consult the ANUM/NIC, volunteer liaison officer or volunteer coordinator.)
Chapter 18: Volunteer recognition

It is important that volunteer recognition is part of the organisation’s culture and policies. Encouraging and recognising the contribution of volunteers is far more cost effective than recruiting and training replacement volunteers. Additionally, the time lost in recruiting replacement volunteers may compromise the standard of service delivered within the ED.

It is imperative that during recruitment, the volunteer coordinator understands the applicant’s motivation/s for volunteering. For the majority of volunteers, helping the community will be reward itself, and therefore will only require the support of staff and their fellow volunteers.

Additional ways that volunteers can be recognised include:

- providing professional development opportunities
- encouraging participation in VED program planning
- ensuring volunteers are kept abreast of VED program changes
- ensuring ED staff understand and respect the volunteer role
- actively listening to volunteers’ ideas and concerns
- recognising and accommodating personal needs and problems
- organising ‘awards’ or ‘certificates’ for outstanding service or years of service
- including volunteers in special events
- allocating a ‘volunteer’ section on the staff noticeboard
- organising a planned activity on International Volunteers Day
- organising a planned activity during National Volunteer Week
- providing a statement of service upon resignation/retirement/termination.

Acknowledging volunteer liaison officers in a personal manner (such as offering a coffee or meal at various stages throughout the year) goes a long way to maintaining goodwill.
Chapter 19: Volunteer resignation and termination

A volunteer may of course resign from their position at anytime and for any reason. On exiting the program, it is often helpful for volunteers to complete an exit feedback form (refer to Appendix 27). The form provides volunteers with an opportunity to give feedback about their volunteering experience with the hospital, including its systems and information processes, and to make suggestions on areas that could be improved.

Volunteers are required (unless alternative arrangements are in place) to return all property prior to leaving the hospital, including:

- uniform
- security ID badge, access card and emergency codes card
- all other branded materials.

The volunteer coordinator should ensure the HR department (or equivalent) receives all paperwork associated with a volunteer resignation or termination so they can maintain the accuracy and status of the volunteer database.

A volunteer may be terminated from their position under the following circumstances:

- if they have received:
  - counselling followed by a
  - verbal warning followed by a
  - written warning
  - have failed to achieve a satisfactory level of performance or behaviour throughout, and at the end of, the performance management process (outlined in Chapter 14: Volunteer performance management)

- if they commit an act considered to be of serious or gross misconduct, such as:
  - fighting
  - theft (from staff, other volunteers, patients or visitors)
  - access to and/or distributing pornographic emails or websites
  - deliberately damaging hospital property
  - serious bullying or harassment
  - bringing the program or hospital into disrepute
  - serious infringement of health and safety regulations or
  - serious failure to follow reasonable instructions.

If there is an allegation of serious or gross misconduct, volunteers should always be afforded due process, consisting of a thorough and well-documented investigation.

As previously mentioned, only a member of the senior management team or the volunteer coordinator acting on the advice of the HR department (or equivalent) can actually dismiss the volunteer.

See Section 4: Appendix 24 for a dismissal notice.
See Section 4: Appendix 25 for a record of counselling pro forma.
See Section 4: Appendix 26 for a written warning pro forma.
See Section 4: Appendix 27 for an Exit Feedback pro forma.
Labour requirement

VED program management, in terms of labour requirements, will vary during both implementation and maintenance, largely dependent on: the activity level of the individual hospital’s ED; whether a volunteer service or department is already in place; and, if so, whether the program can be absorbed into existing structures.

A comparison of labour requirements, during both program implementation and maintenance stages, for low-, medium- and high-volume EDs, is as follows.

<table>
<thead>
<tr>
<th>Low-volume ED</th>
<th>Implementation (no. of hours)</th>
<th>Maintenance (no. of hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising and promotion</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Volunteer recruitment, selection and documentation</td>
<td>139</td>
<td>67</td>
</tr>
<tr>
<td>Volunteer training</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td>Volunteer equipment</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Volunteer administration</td>
<td>429</td>
<td>428</td>
</tr>
<tr>
<td><strong>Total hours</strong></td>
<td><strong>595</strong></td>
<td><strong>513</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medium-volume ED</th>
<th>Implementation (no. of hours)</th>
<th>Maintenance (no. of hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising and promotion</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Volunteer recruitment, selection and documentation</td>
<td>189</td>
<td>92</td>
</tr>
<tr>
<td>Volunteer training</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td>Volunteer equipment</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>Volunteer administration</td>
<td>598</td>
<td>598</td>
</tr>
<tr>
<td><strong>Total hours</strong></td>
<td><strong>817</strong></td>
<td><strong>710</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>High-volume ED</th>
<th>Implementation (no. of hours)</th>
<th>Maintenance (no. of hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising and promotion</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Volunteer recruitment, selection and documentation</td>
<td>232</td>
<td>113</td>
</tr>
<tr>
<td>Volunteer training</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Volunteer equipment</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>Volunteer administration</td>
<td>747</td>
<td>746</td>
</tr>
<tr>
<td><strong>Total hours</strong></td>
<td><strong>1013</strong></td>
<td><strong>886</strong></td>
</tr>
</tbody>
</table>
The initial recruitment, selection and training of volunteers largely contributes to the variance in the allocation of staff resources throughout the implementation and maintenance stages of the program’s lifecycle. The volunteer coordinator will generally spend, for a low-, medium- and high-volume ED, between 10 and 12 hours, 13 and 15 hours and 15 and 20 hours per week respectively, coordinating the program.

Volunteer administration, encompassing organising and facilitating catch-up meetings, rostering and mail outs to volunteers, performance management and program monitoring and evaluation, among other things, represents 50 per cent of total program costs, and approximately 75 per cent of labour requirements.

The recruitment of a volunteer liaison officer has the capacity to heavily reduce ongoing costs and labour requirements associated with the program.

**Permanent staff and agency staff**

The VED program will usually be implemented by the volunteer coordinator, but encapsulate the following stakeholders: NUMs, ANUMs, registered nurses, HR departments, and clerical/administrative staff.

The volunteer coordinator, with the assistance of the ANUMs/NIcs, is to ensure that the role and responsibilities of volunteers is effectively communicated to agency staff.

**Volunteer coordinator availability**

The availability of the volunteer coordinator may depend on:

- their employment status (full time or part time)
- the activity level of the ED (low-, medium- or high-volume)

The recruitment of a volunteer liaison officer will serve to shift the first point of contact for the program, thus likely to reduce the availability requirements for a volunteer coordinator.

**Record keeping**

The establishment of a recruitment tracker, subsequently followed by a volunteer database (if not already existing) by the volunteer coordinator, will ensure record keeping remains accurate and, more importantly, private and confidential.
Chapter 21: Program monitoring and evaluation

Critical success factors (CSFs), both qualitative and quantitative, are designed to measure the effectiveness of the VED program. In addition to the CSFs outlined below, hospitals are encouraged to research other parameters used to measure the success of volunteer programs, both nationally and internationally.

CSF 1 – ED visitor numbers

An increase in the number of patients/visitors making use of the program, captured in a range format, over a specified period of time, can provide evidence the program is reaching its target audience.

The information could be recorded by volunteers at the end of their shift in the sign in/out book, prior to entry into a reporting model by the volunteer coordinator/volunteer liaison officer.

CSF 2 – Satisfaction of ED visitors

Capturing patient data through the ‘triage’ system (via a mail or phone survey) will provide an opportunity for the volunteer coordinator to seek feedback on both the volunteers and services offered.

The survey could address whether or not emotional distress and anxiety experienced by patients and/or their loved ones was eased during their time within the ED and, if not, what could be done to better improve their experience.

CSF 3 – Volunteer shifts

While the volunteer coordinator and/or volunteer liaison officer may aim for 100 per cent volunteer shift fill, it is reasonable to assume that at certain times of the year this may not be feasible (refer to Chapter 12: Volunteer rostering and shifts).

A monthly reporting form could capture the following information:

- number of volunteers
- volunteer hours
- total shifts filled versus shifts empty
- volunteers recruited/resigned/terminated
- volunteer liaison officer hours.

The information could be collated by the volunteer coordinator, and entered into a reporting model.

CSF 4 – Volunteer annual turnover

The annual rate of volunteer turnover may provide insight into recruitment, selection and training effectiveness, while reinforcing the need for an emphasis to be placed on volunteer recognition and appropriate supervision and support.

Additionally, other factors that impact on volunteer patterns (such as particular volunteer segments) need to be accounted for.
CSF 5 – Community engagement

The recruitment of volunteers within a hospital's local catchment area will provide the hospital with a chance to promote its social and corporate responsibilities to the wider community, and minimise the need for volunteer reimbursement, therefore reducing program operating costs.

It is recommended that all CSFs be captured through a hospital's internal reporting system (i.e. balanced scorecard) and incorporated into their annual report.

See Section 4: Appendix 31 for a monthly reporting form.
See Section 4: Appendix 32 for a volunteer turnover form.
See Section 4: Appendix 33 for a community engagement form.
Section 4: Appendices
Section 4: Appendices

1. VED program implementation flowchart
2. Volunteer liaison officer position description
3. Volunteer position description
4. VED program implementation costs and labour requirements for a low-volume ED
5. VED program maintenance costs and labour requirements for a low-volume ED
6. VED program implementation costs and labour requirements for a medium-volume ED
7. VED program maintenance costs and labour requirements for a medium-volume ED
8. VED program implementation costs and labour requirements for a high-volume ED
9. VED program maintenance costs and labour requirements for a high-volume ED
10. Memorandum of understanding
11. Recruitment tracker template
12. Introduction session PowerPoint presentation
13. Introduction session checklist
14. Volunteer application form
15. Volunteer interview form
16. Interview stage checklist
17. Unsuccessful application letter
18. Volunteer reference check form
19. Training session PowerPoint presentation
20. Working with differences survey
21. Training session checklist
22. Successful application letter
23. Volunteer probation feedback form
24. Volunteer dismissal notice
25. Record of counselling pro forma
26. Written warning pro forma
27. Volunteer exit feedback form
28. Incident report form
29. Volunteer learning and development evaluation form
30. Reimbursement claim form
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>Monthly reporting form</td>
<td>130</td>
</tr>
<tr>
<td>32</td>
<td>Volunteer turnover form</td>
<td>132</td>
</tr>
<tr>
<td>33</td>
<td>Community engagement form</td>
<td>134</td>
</tr>
</tbody>
</table>
1. VED program implementation flowchart

- Advertising and promotion of the program
- Design and implement recruitment
- Respond to initial enquiries and invite interested participants to introduction session(s)
- Invite key program stakeholders (NUM, ANUM, HR)
- Invite additional interviewers
- Invite successful applicants to training
- Invite key program stakeholders (NUM, ANUM, HR)
- Advise successful applicants
- Invites uniform, security ID badge, and access card to volunteers
- Volunteers commence their first shift
- Organise recruitment packs: volunteer PD, application form, PRC and WWCC
- Organise interview form, and ensure PD, application form, PRC and WWCC are all completed
- Conduct interview session(s)
- Conduct interviews
- Process referee, PR and WWCC checks
- Advise unsuccessful applicants
- Memorandum of understanding is signed
- Conduct training session(s)
- Advise unsuccessful applicants
- Advise unsuccessful applicants
2. Volunteer liaison officer position description

<table>
<thead>
<tr>
<th>Position title:</th>
<th>Volunteer Liaison Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department:</td>
<td>Emergency</td>
</tr>
<tr>
<td>Reports to:</td>
<td>Volunteer Coordinator</td>
</tr>
<tr>
<td>Date completed:</td>
<td></td>
</tr>
</tbody>
</table>

**Position description**

The Volunteer in Emergency Department (VED) program helps ease emotional distress and anxiety experienced by patients and their family and friends through providing practical and emotional support. Volunteers do not provide clinical care or carry out duties otherwise performed by hospital staff.

The volunteer liaison officer, which is a voluntary role, supports the volunteer coordinator by helping to recruit, select and train volunteers, coordinate rostering and act as a liaison between volunteers and the volunteer coordinator.

**Selection criteria**

*It is essential for all volunteer positions to:*

- agree to adhere to hospital policies and procedures
- satisfactorily pass referee, Police Record and Working with Children checks
- accept a three-month probationary period

**Tasks**

- Work according to VED program and hospital policies and procedures
- Liaise with the volunteer coordinator, staff, volunteers and patients regarding the operation of the program
- Report any issues or concerns to the volunteer coordinator
- Assist in the recruitment, selection and training of volunteers, with the support of the volunteer coordinator
- Assist in the supervision, coordination and rostering of volunteers
- Advise the volunteer coordinator of changes to volunteers’ contact details or other relevant information
- Monitor volunteer participation (such as checking the communications book)
- Assist in volunteer recognition
- Assist in the preparation of regular reports

**Skills and experience**

*Essential*

- Ability to complete tasks as agreed
- Ability to lead and coordinate a team
- Ability to work as part of a team
- Excellent communication skills
- High level of self-motivation
- Ability to keep accurate written records

*Desirable*

- Ability to speak a second language
- Experience in a team leader role
Certification

I acknowledge that:

- I understand the requirements of, and am prepared to undertake the duties and responsibilities stated in this position description
- The position description will be reviewed regularly in consultation with me
- I will be subject to a three-month probationary period from my commencement date – after which my ongoing commitment will be reviewed.

Volunteer

Name: Date: 

Signature: 

Volunteer Coordinator (or other as stated)

I have carefully reviewed the position description and am satisfied that it fully and accurately describes the requirements of the position.

Name: Date: 

Signature: 

OH&S statement

We are committed to providing and maintaining a safe and healthy working environment for all staff, volunteers, contractors and visitors. This commitment is in accordance with the organisation’s values and the requirements of the various occupational health and safety Acts, associated regulations and codes of practice.
3. Volunteer position description

<table>
<thead>
<tr>
<th>Position title:</th>
<th>Volunteer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department:</td>
<td>Emergency</td>
</tr>
<tr>
<td>Reports to:</td>
<td>Volunteer Coordinator/Volunteer Liaison Officer</td>
</tr>
<tr>
<td>Date completed:</td>
<td></td>
</tr>
</tbody>
</table>

Position description

The Volunteer in Emergency Department (VED) program helps ease emotional distress and anxiety experienced by patients and their family and friends through providing practical and emotional support by trained volunteers.

Volunteers help guide and orientate visitors to, and within, the emergency department, and provide practical and emotional support to both patients and their family and friends. Volunteers do not provide clinical care or carry out duties otherwise performed by hospital staff.

Selection criteria

It is essential for all volunteer positions to:

- agree to adhere to Hospital policies and procedures
- satisfactorily pass referee, Police Record and Working with Children checks
- accept a three-month probationary period

Tasks

- Work according to VED program and hospital policies and procedures
- Guide and orientate visitors to, and within, the emergency department
- Provide practical and emotional support to patients during the waiting period and, if requested, during treatment
- Liaise between patients and staff as requested to communicate non-clinical information
- Provide refreshments to family and friends of patients, and to those patients permitted to eat and drink
- Offer comfort to family and friends of patients
- Provide diversions to occupy patients and/or family and friends in the waiting room (such as magazines, books and pencils)
- Assist with caring for children, to allow parents/patients to concentrate on receiving attention
- Work cooperatively with emergency department staff to ensure the non-clinical and emotional needs of patients, and attending family/carers are being met

Skills and experience

**Essential**

- Ability to complete tasks as agreed
- Outgoing personality and willingness to approach and converse with people of diverse backgrounds
- Ability to work as part of a team and individually
- Excellent communication skills
- Calm manner
- Ability to keep accurate written records

**Desirable**

- Ability to speak a second language
- Experience in a team leader role
Certification

I acknowledge that:

- I understand the requirements of, and am prepared to undertake the duties and responsibilities stated in this position description
- The position description will be reviewed regularly in consultation with me
- I will be subject to a three-month probationary period from my commencement date – after which my ongoing commitment will be reviewed.

Volunteer

Name: Date:

Signature:

Volunteer Coordinator (or other as stated)

I have carefully reviewed the position description and am satisfied that it fully and accurately describes the requirements of the position.

Name: Date:

Signature:

OH&S statement

We are committed to providing and maintaining a safe and healthy working environment for all staff, volunteers, contractors and visitors. This commitment is in accordance with the organisation’s values and the requirements of the various occupational health and safety Acts, associated regulations and codes of practice.
### Implementation

<table>
<thead>
<tr>
<th>Item</th>
<th>Staff costs</th>
<th>Staff hours</th>
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<tr>
<td>Advertisements</td>
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<tr>
<td>Phone enquires response to ad</td>
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<td><strong>Total</strong></td>
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</tr>
<tr>
<td><strong>Volunteer recruitment, selection and documentation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruitment tracker administration</td>
<td>97</td>
<td></td>
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<tr>
<td>Introduction session mailout</td>
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<tr>
<td>Recruitment packs</td>
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<tr>
<td>Introduction session</td>
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<tr>
<td>Introduction session (catering)</td>
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<tr>
<td>Interviews</td>
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<tr>
<td>Police Record Check</td>
<td>560</td>
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<tr>
<td>Working with Children Check</td>
<td>150</td>
<td>97</td>
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<tr>
<td>Reference checks</td>
<td>50</td>
<td>842</td>
</tr>
<tr>
<td>Acceptance/non-acceptance letters</td>
<td>80</td>
<td>130</td>
</tr>
<tr>
<td>Recruitment of volunteer liaison officer</td>
<td>194</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td>1440</td>
<td>4504</td>
</tr>
<tr>
<td><strong>Volunteer training</strong></td>
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<td></td>
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<tr>
<td>Training session</td>
<td>259</td>
<td></td>
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5. VED program maintenance costs and labour requirements for a low-volume ED

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6. VED program implementation costs and labour requirements for a medium-volume ED

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### 8. VED program implementation costs and labour requirements for a high-volume ED

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### Implementation

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<tr>
<td>Item</td>
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<td>Staff hours</td>
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<td>Volunteer reimbursement (i.e. travel)</td>
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10. Memorandum of understanding

Between volunteer and hospital

I, (Address) of

in undertaking to be a volunteer for <insert name> Hospital’s Volunteers in Emergency Department (VED) program hereby agree to the following.

a) Help guide, and orientate visitors to, and within, the emergency department, and provide practical and emotional support to both patients and/or their family and friends during their waiting period, and if requested, during treatment.

b) Not to provide clinical or any other type of advice or assistance to patients and/or their family and friends outside of my position description, or carry out duties otherwise performed by hospital staff.

c) Maintain a duty of care to all people associated with the program, where I am obligated to take care in situations in which I can reasonably foresee my actions or inactions may cause or result in physical damage to the person or property of others.

d) Respect the privacy and confidentiality of patients, staff, other volunteers and visitors, unless I am given permission by the nurse unit manager or ANUM/nurse-in-charge otherwise, or feel that an individual has been subjected to abuse of any kind, in which case I am obliged to discretely notify the ANUM/nurse-in-charge, or another senior staff member.

e) Advise the volunteer coordinator (or another nominated representative of the hospital) immediately, if there are any changes to my criminal history, after they receive the initial Police Record Check.

f) Wear a designated uniform, or otherwise appropriate dress, and at all times have my security identification badge displayed at chest level.

g) Ensure that no other person will have access to my security identification badge and access card.

h) Restrict the use of my personal mobile phone within the hospital to designated areas, unless in the case of an emergency.

i) Not to disclose my, other volunteers, and staff members’ personal contact details to patients and/or their family and friends.

j) Not to use hospital information systems, such as computers, and thereby access volunteer, staff and patient confidential information, unless permission is given by the nurse unit manager or ANUM/nurse-in-charge.

k) Participate in additional occupational health and safety training if required.

l) Accept a three-month probationary period, at which point my performance will be reviewed, resulting in either confirmation, confirmation with specific requirements or termination.

m) Undertake a minimum of two shifts per month, and if able, offer further assistance during certain times of the year when volunteer availability reduces.

n) Advise the volunteer coordinator/volunteer liaison officer if I am unable to attend a rostered shift.
o) Advise the volunteer coordinator/volunteer liaison officer in advance if I am planning to take an extended period of leave.

p) Sign in and out each shift, check for any communication from other volunteers and the volunteer coordinator/volunteer liaison officer, and note down any concerns and issues encountered during the shift, in the communications book.

q) Participate in a performance management process, if the volunteer coordinator/volunteer liaison officer or another staff member deems my performance and/or behaviour is not satisfactory to the requirements of my role.

r) Notify the ANUM/nurse-in-charge as soon as practicably possible if an incident occurs, and whether or not I require debriefing.

s) Attend a further debriefing session with the volunteer coordinator if the ANUM/nurse-in-charge deems it necessary.

t) Attend professional development opportunities relevant to my role.

u) Attend quarterly catch-up meetings.

v) Seek permission from the volunteer coordinator/volunteer liaison officer prior to purchasing goods/services on behalf of the program and hospital.

w) Not to accept money from patients and other persons visiting the emergency department.

x) Accept gifts on the proviso that they have no commercial value, and if in doubt, I will seek clarification from the ANUM/nurse-in-charge immediately.

y) Provide as much notice as possible if I tender my resignation, preferably no less than two weeks.

z) Complete an exit feedback form in the event I resign, retire or am terminated from my position.

aa) Return all hospital property, such as uniform, security identification badge, access card and emergency codes card, if I leave the program, regardless of the reason.

bb) Not to talk to any media about my role as a volunteer or the hospital, unless permission is given by the relevant marketing and communications arm of the hospital.

c) Not to seek clinical advice or assistance for my own, or that of my family and friends, personal health situations, from any staff member or individual associated with the hospital.

I acknowledge by signing this memorandum of understanding I agree to abide by the conditions outlined therein, and understand that my position as a volunteer may be terminated if I fail to meet these requirements.

Signed
Volunteer

Date

Volunteer Coordinator (or other as stated)

Date

Witness
11. Recruitment tracker template

<table>
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<tr>
<th>Applicant details</th>
<th>Introduction session</th>
<th>Interview</th>
<th>Recruitment</th>
<th>Background checks</th>
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<td>First name</td>
<td>Surname</td>
<td>Phone no.</td>
<td>Date</td>
<td>Date</td>
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<td>Training session</td>
<td>Application status</td>
<td>Information</td>
<td>Catch-up</td>
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</tr>
<tr>
<td>Police Record Check (clear)</td>
<td>WWCC (sent)</td>
<td>WWCC (clear)</td>
<td>Date</td>
<td>MOU (signed)</td>
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</table>

| Police Record Check (clear) | WWCC (sent) | WWCC (clear) | Date | MOU (signed) | Successful | Letter and copies of forms sent | Unsuccessful | Volunteer service department | Volunteer liaison officer | 1 month | 3 month |
12. Introduction session PowerPoint presentation

**Insert Hospital Name**

Volunteers in Emergency Departments Introduction Session

Insert Vision/Mission Statement

---

**Welcome & Introductions**

- <Insert name> Volunteer Coordinator
- <Insert name> Nurse Unit Manager
- <Insert name> Associate Nurse Unit Mgr
- <Insert name> Human Resource Dept.

---

**Aims & Objectives**

- Offer practical and emotional support to patients and their carers in the ED of the Hospital
- Complement the role of the Hospital staff by assisting to ease emotional distress and anxiety experienced by patients and/or their loved ones
- Allow staff to focus on providing the clinical care that is needed
Desired Outcomes

- Emotional distress and anxiety experienced by patients and/or their loved ones is eased
- Hospital staff are able to better focus on providing clinical care, thus improving outcomes for patients
- Patient and carer experiences in Victorian EDs are enhanced
- There is a reduction in patient and carer complaints about ED care
- Volunteering provides a vehicle for local members of the community to assist in addressing human and social needs
- Build community capacity and develop social capital

Roles & Responsibilities

Hospital

- Provide a Duty of Care to Staff, Volunteers and ED Visitors
- Principles of Equity govern all volunteering and employment decisions, including recruitment, selection, training and development, conditions of service, reward and recognition
- Volunteers are subject to policies and procedures applicable to all hospital staff
- Any breach of conduct will result in the hospital instigating performance management measures, or for more serious matters, suspension or termination of a volunteer

Roles & Responsibilities

Hospital (cont)

- Staff and Volunteers follow procedures related to grievances
- Privacy and Confidentiality is maintained throughout
- Volunteers have access to a secure space, such as a locker, to store their personal belongings whilst performing their duties
- Volunteers have access to facilities such as staff rooms and toilets
12. Introduction session PowerPoint presentation (continued)

### Roles & Responsibilities

**Volunteer**
- Guide and orientate visitors to, and within, the ED
- Provide patients with practical and emotional support during the waiting period, and if requested, during treatment
- Liaise with patients and staff as requested to communicating non-clinical information
- Provide refreshments to family and friends of patients, and to those patients permitted to eat and drink

### Roles & Responsibilities

**Volunteer (cont)**
- Offer comfort to family and friends of patients
- Provide diversions to occupy patients and/or their family and friends in the waiting room (magazines, books, pencils)
- Assist with caring for children, to allow parents/patients to concentrate on receiving attention
- Work cooperatively with ED staff to ensure the non-clinical and emotional needs of patients and attending family/carers are met

### Scenario Activity

**Form groups of 5-6 people**

**Discuss the following questions as a group, and then nominate one individual from the group to present to the wider group**

- A family is waiting in the relatives room whilst their unwell relative is receiving treatment in the ED. What support can you offer as a volunteer?
- A patient asks you for a cup of tea. What would you do as a volunteer?
- A nurse asks you to take a patient in a wheelchair into Cubicle 1. What would you do as a volunteer?
- A mother of two children is sitting in the waiting room. What support can you offer her as a volunteer?
- A doctor asks you to go and get a bag of intravenous fluid for a patient in Cubicle 2. What would you do as the volunteer?
Eligibility Criteria

- Be aged 18 years or over
- Be physically fit enough to move around the waiting room (and other nominated areas) for up to 3 hours
- Be willing to adhere to VED program and Hospital policies
- Be able to commit to a minimum two shifts a month
- Meet the selection criteria as outlined in the position description
- Successfully complete all background checks (referee, police and working with children)
- Successfully complete an interview, and training!

Skills and Experience

- Ability to complete tasks as agreed
- Outgoing personality
- Willingness to approach and converse with people of diverse backgrounds
- Ability to work as part of a team and individually
- Excellent communication skills
- Calm manner

Recruitment and Selection

- Complete a Volunteer Application Form and sign the Position Description
- Participate in an interview
- Consent to, and complete the paperwork associated with, a Police Record Check and Working with Children Check
12. Introduction session PowerPoint presentation (continued)

**Training**

*Topics covered, but not limited to :-*

- Brief overview of the Hospital
- Aim and Objectives of the VED program
- Roles and Responsibilities of Hospital, Staff and Volunteers
- Recruitment and Selection Process
- Privacy and Confidentiality
- Uniform and Equipment
- Occupational Health and Safety

**Training**

*Topics covered, but not limited to (cont):-*

- Rostering and Shifts
- Feedback and Review Process
- Performance Management
- Support and Debriefing
- Professional Development
- Reimbursement and Gifts
- Recognition
- Resignation and Termination

**Things to Consider**

- ED staff are under a great deal of pressure and may at times be short or abrupt with you
- Volunteers may experience exposure to infection risk through contact with bodily fluids and needles
- Volunteers may be exposed to unpleasant or stressful situations which have the potential to affect their emotional, mental or physical health
- Patients and/or their family or carers may not want your assistance
- Some shifts may be relatively quiet
What to do now?

- Decide if this is the sort of volunteer opportunity you would like to undertake?
- If so, complete the Volunteer Application Form and sign the Position Description.
- Either complete the Consent to Police Record Check and Working with Children Check forms now, or bring to the interview.

What to do now?

- Organise an interview now, or call <insert name>, Volunteer Coordinator, on <insert number>.
- Interviews will last 30-45 minutes.
- Interviews are scheduled for <insert date/s>.
- Referee, Police and Working with Children Checks will be completed as soon as possible.
- Training dates will be confirmed following the completion of a successful interview.

Thank You!

On behalf of everyone here at <insert name> Hospital, we would like to thank you for taking the time to attend this introductory session, and for considering our Hospital worthy of your time and effort!!
13. Introduction session checklist

**Introduction session checklist**

**Before the day:**
- Arrange session dates/times, taking into account availability of meeting rooms and staff availability (NUM, ANUM/s, HR dept staff)
- Communicate session dates/times to interested participants and record which session each person will be attending
- Confirm staff attendance prior to individual session
- Ensure relevant equipment is available (laptop, data projector, speakers)
- Download introduction session PowerPoint presentation onto laptop
- Organise recruitment packs: volunteer application form, position description, Police Record Check form and Working with Children Check form
- Photocopy scenarios for discussion
- Organise attendance sheet
- Schedule interview times and print interview booking sheet/s
- Organise snacks and drinks

**On the day:**
- Reminder email to attending staff
- Collect relevant equipment (laptop, data projector, speakers)
- Collect recruitment packs, scenario analyses, attendance sheet, interview booking sheet/s
- Pick up, or ensure delivery of, snacks and drinks
- Set up room prior to participant arrival
- Request participants to fill in the attendance sheet
- Request interested participants to fill in the interview booking sheet/s, if they intend to progress with their application
- Collect completed application forms and signed PDs (if any)
14. Volunteer application form

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<th>Mrs</th>
<th>Miss</th>
<th>Mr</th>
<th>Other</th>
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Fax: Mobile:

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<th></th>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>
Volunteer application form (continued)

<table>
<thead>
<tr>
<th>Date of birth: DD / MM / YY</th>
<th>Gender: [ ] Male [ ] Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country of birth (optional):</td>
<td></td>
</tr>
<tr>
<td>Please note: this information is useful in assisting clients from non-English speaking backgrounds.</td>
<td></td>
</tr>
</tbody>
</table>

**Driver's licence**

Do you have a current driver's licence? [ ] Yes [ ] No If yes, please circle: manual / automatic

**Non-Australian citizen**

Are you a permanent resident? [ ] Yes [ ] No

*If no, when does your visa expire?*

*Please attach a copy of visa documentation* Passport number:

Please check with the Department of Immigration and Citizenship (DIAC) if you are unsure about whether undertaking volunteer work will breach your visa conditions.

**Emergency contacts**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact numbers: 1</td>
<td>2</td>
</tr>
<tr>
<td>Name</td>
<td>Relationship</td>
</tr>
<tr>
<td>Contact numbers: 1</td>
<td>2</td>
</tr>
</tbody>
</table>

**Availability**

| Anytime: [ ] or specify (as below) | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-----------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Morning                           |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Afternoon                         |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Evening                           |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |

**Office use only:**

<table>
<thead>
<tr>
<th>Photo identification: Yes / No / Not applicable Date:</th>
<th>Referee's check: Satisfactory / unsatisfactory Date:</th>
<th>Police check: Clear / non-disclosable Date:</th>
<th>Working with Children Check: Satisfactory / unsatisfactory Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visa check: Yes / No / Not applicable Date:</td>
<td>Volunteer database: Details entered: Yes / No Date:</td>
<td>Commencement date:</td>
<td>Probationary period date:</td>
</tr>
</tbody>
</table>
Work and volunteering history
Have you worked or volunteered at <insert name> Hospital before?

If you have relevant work experience in a paid or voluntary capacity, please let us know here

Please list any skills and/or experiences you would like to share with us:
(i.e. computer skills: Microsoft Word, Excel, Access and Outlook).

Please list any qualifications or training you would like to share with us:
(i.e. university degree, TAFE certificate, first-aid training).

Languages other than English
Level of your knowledge (basic, medium, fluent)

1. □ Written (B/M/F) □ Spoken (B/M/F)

2. □ Written (B/M/F) □ Spoken (B/M/F)

Your health and safety
<insert name> is committed to providing and maintaining a safe and healthy work environment for all staff, volunteers and visitors. Please inform us of any reasons why you may not be able to perform the duties associated with this role. You will be able to discuss these further at your interview or training.
Volunteer application form (continued)

Police Record Check and Working with Children Check

Do you consent to a Police Record Check?  ☐ Yes  ☐ No

Are you willing to undergo a Working with Children Check?  ☐ Yes  ☐ No

(Please provide any details of a previous Working with Children Check)

If yes, which state?  Card/registration No:

Expiry date:

Referees

Please provide the name, address and telephone number of two people who are not family members and who are willing to act as referees for your chosen voluntary work position.

Name:  Relationship:

Ph:  Mob:

How long have you known this referee?:

Address:

Email:

Name:  Relationship:

Ph:  Mob:

How long have you known this referee?:

Address:

Email:

Volunteering opportunity

Please indicate how you found out about this volunteering opportunity:

- local newspaper
- local community billboards/newsletters
- organisational website
- through other volunteers
- local volunteer resource centre
- local radio
- other volunteer program information sessions
- other (please state)
Declaration

I am applying to become a volunteer within <insert name> Hospital.

I understand that I am required to participate in an interview, receive satisfactory reference, Police Record and Working with Children checks, and successfully complete training prior to acceptance as a volunteer.

If successful, I agree to maintain the highest standards of confidentiality, with respect to any information obtained during the course of my volunteer duties.

I declare that the information contained in this application is true and correct.

Signature: 

Applicant

Date:

Please send this form to: Volunteer Coordinator
<Insert name>
<Insert address>
<Insert suburb, state, postcode>
15. Volunteer interview form

<INSERT NAME> Hospital – Volunteer in Emergency Department (VED) interview

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewer:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Time:</td>
</tr>
</tbody>
</table>

Checklist

Ensure the setting is appropriate.

Welcome applicant and thank them for their time and interest in the volunteer position. Introduce yourself and any other member(s) of the panel.

Before commencing the interview explain to the applicant that:

- During the interview you will be asking questions, of which you will be noting their answers for review at a later date.
- There will be an opportunity for them to ask questions and for you to explain more about the VED program.
- The interview will take 30–45 minutes.

Ask the applicant to complete a volunteer application form, Police Record Check form and Working with Children Check form if they have not previously done so.

Provide the applicant with a position description if they have not previously received one.

Introduction

1. Can you tell us about any work or life experiences or skills you have that would be relevant to this role?

2. What is it that attracted you to this role?

Ability to work within VED program and hospital policies and procedures

3. While volunteering in the ED you will be interacting with a culturally diverse range of patients and staff. Can you think of any situations where this will be challenging for you?
Ability to provide practical and emotional support

4. The VED program is about providing practical and emotional support. Can you provide a few examples of tasks that are both within and outside the scope of the role?

Ability to communicate effectively

5. Good communication skills are important in this role. Can you tell us about a time you had a conversation with someone you did not know well? How did it go?
6. How would you continue this conversation?

Ability to work as part of a team

7. In the VED program you are a member of the ED team, including doctors, nurses, PSAs, clerks and other volunteers. Can you tell us about your experience of working in a team?
8. Can you tell us about a time you had to work alongside someone that was difficult? How did you manage this?
15. Volunteer interview form (continued)

**Ability to work individually**

9. What experience have you had working with very little direction or assistance? Can you tell us about it?

10. Staff will not be supervising volunteers or providing ongoing direction and the ED volunteer role is not task driven. What could you do to keep yourself busy when it is quiet?

11. How would you handle being asked to do something by one of the staff that you were not comfortable with or believe is not part of your role?

**Ability to maintain confidentiality**

12. What is your understanding of confidentiality in this role?

13. How would you manage confidentiality outside of the hospital (i.e. when you have left your role)?

**Ability to manage stress**

14. In the ED you may come across situations that are personally stressful. How do you think you would handle this?
Rostering of shifts, training, probation

15. Shifts will initially be scheduled on a fortnightly basis. What day/s and time/s will suit you?

16. Training is scheduled to occur on the ________ of ________. Do you prefer day or night time training?

17. There is a three-month probationary period. Are you aware of this?

18. Are you clear that this role does not include activities of a clinical or counselling nature or any activities which are the duties of staff?

Questions from the applicant

19. Do you have any questions about the position or the program?

Close

Checklist

• Remind applicant that satisfactory referee, police and Working with Children checks must be received before proceeding to the next stage of recruitment, volunteer training. The successful completion of training will result in acceptance into the program.
• Confirm the name and contact telephone number of the referees provided in the application form.
• Inform the applicant of the next steps in the process.
• Thank applicant once again for their time and interest in the position and program.
16. Interview stage checklist

Interview stage checklist

**Before the day:**
- Ensure the interview booking sheet is complete
- Arrange interview dates/times, taking into account availability of meeting rooms and staff availability (NUM, ANUM/s, HR Dept. staff)
- Confirm interview dates/times with applicants (they will have selected an interview time at the end of the introduction session)
- Confirm attending staff (other interviewers)
- Organise spare recruitment packs: volunteer application form, PD, Police Record Check form, Working with Children Check form)
- Make copies of interview form, ensuring there are enough copies for all interviewers

**On the day:**
- Reminder email to attending staff (other interviewers)
- Collect recruitment packs, interview forms, interview booking sheet/s
- Set up room prior to participant arrival
- Meet with other interviewers 15 minutes prior to first interview to discuss interview format and answer any questions they may have
17. Unsuccessful application letter

<Insert date>

<Insert name>
<Insert address>
<Insert suburb, state, postcode>

Dear <insert name>,

Thank you for your recent interest in our Volunteers in Emergency Department (VED) program. I am writing to let you know that you have been unsuccessful in your application on this occasion.

On behalf of the hospital, I would like to once again thank you for your interest in the program, and the time you generously donated throughout the recruitment and selection process. I wish you all the best in your future endeavours.

If you have any queries or wish to discuss the matter further, please do not hesitate to contact me on <insert number>.

Yours sincerely,

<Insert name>
<Insert name> Hospital
18. Volunteer reference check form

Name of applicant:

Name of referee (and position if applicable):

Introduction

‘Hello. My name is <insert name> and I am calling from <insert name> Hospital. Can I please speak to <insert referee name>? Are you aware that <insert applicant name> has applied for a volunteer position with us and has listed you as one of their referees? Are you happy to provide a reference? Do you have ten minutes now to complete the check?’

Before proceeding, provide a brief description of the volunteer position.

1. How long and in what capacity have you known <applicant name>? Is s/he a personal friend?

2. How would you describe <applicant name> as a person?

3. Can you comment on the skills and characteristics <applicant name> has that might be relevant for this position?
4. Working within an emergency department, <applicant name> may be interacting with a culturally diverse range of patients and staff. Do you foresee any issues?

5. Do you think <applicant name> will be able to provide practical and emotional support to patients and/or their family and friends? How would you describe <applicant name> as a communicator?

6. Do you think <applicant name> will be able to work as a part of a team and individually? Do you think s/he would need to be supervised closely?

7. At certain times <applicant name> may be exposed to private and confidential information. How do you think s/he would manage this?
18. Volunteer reference check form (continued)

8. Within the emergency department, volunteers may come across stressful situations. How do you think <applicant name> would handle this?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

9. How strongly would you recommend <applicant name> for this position?
   • Not at all
   • With reservations
   • Recommend
   • Strongly recommend
   • Not sure

10. Are there any other comments you would like to make?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Conclusion

‘Thank you for taking the time to speak with me today. If required, are you happy for the information you have provided today to be shared with the applicant?’

☐ Yes ☐ No

If no, please explain:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Summary and recommendations

Office use only

Check conducted by:

Signature:

Date:
19. Training session PowerPoint presentation

Insert Hospital Name

Volunteers in Emergency Departments
Training Session
Insert Vision/Mission Statement

Welcome & Introductions

- <insert name> Volunteer Coordinator
- <insert name> Nurse Unit Manager
- <insert name> Associate Nurse Unit Mgr
- <insert name> Human Resource Dept.

Training

Topics covered, but not limited to:
- Brief overview of the Hospital
- Aim and Objectives of the VES program
- Roles and Responsibilities of Hospital, Staff and Volunteers
- Recruitment and Selection
- Privacy and Confidentiality
- Uniform and Equipment
- Occupational Health and Safety
- Rotating and Shifts
- Feedback and Review Process
- Performance Management
- Support and Debriefing
- Professional Development
- Remuneration and Gifts
- Recognition
- Resignation and Termination
Aims & Objectives

- Offer practical and emotional support to patients and their carers in the ED of the Hospital
- Complement the role of the Hospital staff by assisting to ease emotional distress and anxiety experienced by patients and/or their loved ones
- Allow staff to focus on providing the clinical care that is needed

Desired Outcomes

- Emotional distress and anxiety experienced by patients and/or their loved ones is eased
- Hospital staff are able to better focus on providing clinical care, thus improving outcomes for patients
- Patient and carer experiences in Victorian EDs are enhanced
- Volunteering provides a vehicle for local members of the community to assist in addressing human and social needs
- Build community capacity and develop social capital

Roles & Responsibilities

Hospital

- Provide a Duty of Care to Staff, Volunteers and ED Visitors
- Principles of Equity govern all volunteering and employment decisions, including: recruitment, selection, training and development, conditions of service, reward and recognition
- Volunteers are subject to policies and procedures applicable to all hospital staff
- Any breach of conduct will result in the hospital instigating performance management measures, or for more serious matters, suspension or termination of a volunteer
19. Training session PowerPoint presentation (continued)

Roles & Responsibilities

Hospital (cont)
- Staff and Volunteers follow procedure related to grievances
- Privacy and Confidentiality is maintained throughout
- Volunteers have access to a secure space, such as a locker, to store their personal belongings whilst performing their duties
- Volunteers have access to facilities such as staff rooms and toilets

Roles & Responsibilities

Volunteer Coordinator
- Recruitment and Selection of volunteers meets both program criteria and Hospital requirements
- Volunteers are aware of their responsibilities in relation to the program, and Hospital policies and procedures
- Regular consultation with Volunteers, the Volunteer Liaison Officer and the NUM

Roles & Responsibilities

Volunteer Coordinator (cont)
- Successful implementation of program monitoring and evaluation tools
- Nurse Unit Manager is briefed on the status of the program at least monthly
- Ongoing training (professional development) is available to volunteers to update their knowledge and skills relevant to their role
Roles & Responsibilities

Volunteer Liaison Officer
- Volunteers work within VED program and Hospital policies and procedures
- Liaise with the Volunteer Coordinator, staff, volunteers and patients, regarding the operation of the program, and report any issues or concerns
- Assist in the recruitment, selection and training of volunteers

Roles & Responsibilities

Volunteer Liaison Officer (cont)
- Assist in the supervision, coordination and rostering of volunteers
- Advise the Volunteer Coordinator of changes to volunteers’ contact details or other information
- Monitor volunteer participation (by checking the Communications Book)
- Assist in volunteer recognition
- Assist in the preparation of monthly reports

Roles & Responsibilities

Small Group Activity
Form groups of 5-6 people
List as many tasks as you can think of that you will be able to undertake in your role as an ED Volunteer!
List as many tasks as you can think of that you will not be able to undertake in your role as an ED Volunteer!
19. Training session PowerPoint presentation (continued)

Roles & Responsibilities

Volunteer

- Guide and orientate visitors to, and within, the ED
- Provide patients with practical and emotional support during their waiting period, and if requested, during treatment
- Liaise with patients and staff as requested to communicate non-clinical information
- Provide refreshments to family and friends of patients, and to those patients permitted to eat and drink

Roles & Responsibilities

Volunteer (cont)

- Offer comfort to family and friends of patients
- Provide diversions to occupy patients and/or their family and friends in the waiting room (magazines, books, pencils)
- Assist with caring for children, to allow parents/patients to concentrate on receiving attention
- Work cooperatively with ED staff to ensure the non-clinical and emotional needs of patients and attending family/careers are met

Roles & Responsibilities

Individual Activity

- What are your own values?
- Will they affect your ability to approach and converse with patients and their family and friends of a different cultural background?
- Please complete the ‘Working with Difference Survey’ and retain for your own personal use
Recruitment and Selection

To Date
✓ Complete a Volunteer Application Form and sign the Position Description
✓ Participate in an interview
✓ Consent to, and complete the paperwork associated with, a Police Record Check and Working with Children Check

Still to come
Successful completion of Training!

Privacy and Confidentiality

- Volunteers may have access to private or confidential information, at a patient, staff and organisational level
- Information is only to be disclosed following authorisation by either the NUM or ANUM
- Any breach of confidentiality will result in the Hospital instigating performance management measures, or for more serious matters, suspension or termination of a volunteer

Privacy and Confidentiality

Small Group Activity

Form groups of 5-6 people

- List as many issues as you can that you might need to keep confidential
- Are there any circumstances where you might feel the obligation to breach patient or staff confidentiality, and if so, how would you go about doing that?
19. Training session PowerPoint presentation (continued)

**Uniform and Equipment**

**Uniform**
- Must wear a prescribed uniform
- Wear comfortable shoes with closed in toes
- Open toe footwear, such as thongs or sandals, is not permitted whilst performing your duties as an ED volunteer
- Ordered upon successful completion of training

**Uniform and Equipment**

**Equipment**
- Security Identification Badge
- Wear at all times whilst performing duties
- Wear at chest level
- Not to be passed onto another volunteer or community member
- Access Card
- Emergency Codes Card
- Secure space, such as a locker, will be provided to store personal belongings
- Mobile Phones
- Access to Information Systems is prohibited, unless permission is given by the NUM or ANUM

**Occupational Health and Safety**

All staff, volunteers, patients and visitors have the right to be provided with a safe work environment!
Occupational Health and Safety

Volunteers have the right to a workplace free of:

- Discrimination (both indirect and direct)
- Sexual Harassment
- Harassment
- Bullying
- Victimisation

Occupational Health and Safety

- Infection Control
  - Hand Washing
  - Food Handling
  - Food Consumption
- Liquid Consumption
- Illness
- Occupational Exposures
- Car Parking
- Emergency Procedures

Occupational Health and Safety

Infection Control

Hand Washing

- “Should take a minimum of 15 seconds using generous amounts of an alcohol based liquid or soap and water or gel to lather and rub each part”
- Before: commencing work, entering cubicles, handling food
- After: consuming food, visiting the toilet, using a handkerchief or tissue, touching any part of the body, smoking and wearing gloves
19. Training session PowerPoint presentation (continued)

**Occupational Health and Safety**

*Infection Control (cont)*

**Food Handling**
- Ensure correct hand washing technique is used prior to, and after, handling food
- Re-heating of food or heating of baby bottles is prohibited

**Food Consumption**
- Allowed in designated areas such as the cafeteria, kiosk or staff room

---

**Occupational Health and Safety**

*Liquid Consumption*
- Allowed in designated areas such as the cafeteria, kiosk or staff room
- Volunteers are not permitted to provide patients with refreshments, without first getting permission from the clinician caring for them
- Volunteers are permitted to provide family and friends of patients with refreshments

---

**Occupational Health and Safety**

*Illness*
- The Hospital has a Duty of Care to staff, volunteers and ED visitors to provide a safe work environment, by ensuring infection risk and spread of disease is minimised
- Volunteers are not to attend their designated shift if ill, and should advise the Volunteer Coordinator as soon as possible

---
Occupational Health and Safety

Occupational Exposures
- Volunteers may experience exposure to infection risk through contact with bodily fluids and needles, resulting in the splashing, or breaking, of the epidermal layer.
- Volunteers are not to pick up, or dispose of, needles, sick bags, soiled tissues and nappies.
- Volunteers approached by an ED visitor appearing to be under the influence of alcohol or drugs are to inform the ANUM/Nurse-in-Charge immediately.
- Volunteers are not to provide any clinical assistance to patients and/or their family and friends.

Occupational Health and Safety

Car Parking
- Volunteers may be provided with access to the staff car park.
- Volunteers have the right to request Hospital security to escort them to their vehicle, regardless of their finishing time, or where the vehicle is located.
- Volunteers should understand that, requesting an security escort to their vehicle could result in a short time delay at the conclusion of their shift.

Occupational Health and Safety

Emergency Procedures
Location of protective and safety equipment
- The following protective and safety equipment can be found throughout the waiting room (including the triage station) and cubicles:
  - Protective Eyewear
  - Fire Alarms
  - Fire Blankets
  - Fire Extinguishers
19. Training session PowerPoint presentation (continued)

- Occidental Health and Safety
  - Emergency Procedures (cont)
  - Correct Identification of Fire Extinguishers

- Occidental Health and Safety
  - Emergency Procedures (cont)
  - Identifying (and meaning behind) internal “Codes”
    - Code Red: Fire/Smoke
    - Code Blue: Medical Emergency Team
    - Code Yellow: Internal Emergency
    - Code Brown: External Emergency
    - Code Grey: Unarmed Confrontation
    - Code Black: Armed Confrontation
    - Code Purple: Bomb Threat
    - Code Orange: Evacuation

- Occidental Health and Safety
  - Emergency Procedures (cont)
  - In the event of an emergency
    - Volunteers are supplied with the local emergency telephone number
    - Volunteers are to advise the Nurse-in-Charge, or closest staff member, of an impending, or occurring emergency
    - Volunteers are not expected to implement internal emergency procedures
    - Volunteers exposed directly or indirectly to an emergency will be debriefed, and provided with counselling if required
Rostering and Shifts

Rostering

- Volunteers are rostered according to their availability and ED requirements
- Volunteers are required to commit to a minimum of two shifts per month, with the possibility of being available weekly during various stages of the year

Rostering (cont)

- In the event that a volunteer cannot attend a rostered shift, due to illness or other personal circumstances, they are required to:
  - advise the Volunteer Coordinator/ Volunteer Liaison Officer as soon as possible (depending on internal processes, the volunteer may be responsible for finding a replacement)

Rostering (cont)

- Roster will generally be finalised a minimum of one week prior to the next month, and distributed to volunteers by either:
  - Fax
  - Mail
  - Email
- Volunteers planning on taking an extended period of leave should advise the Volunteer Coordinator/ Volunteer Liaison Officer as soon as possible
19. Training session PowerPoint presentation (continued)

Rostering and Shifts

Shifts

Introduction Activity

- Describe what you think a typical shift will involve?
- What will you do if the waiting room/cubicles of the ED is relatively quiet?

Rostering and Shifts

Shifts (cont)

The activity level of the ED is classified as either low, medium or high volume, based on the approximate number of annual ED attendances.

Activity Level: Low, Medium or High Volume

Rostering and Shifts

Shifts (cont)

Low Volume ED

- Monday to Friday
  - 12 pm - 3 pm
  - 3 pm - 6 pm
- Saturday to Sunday
  - 12 pm - 3 pm
  - 3 pm - 6 pm
  - 8 pm - 9 pm
Rostering and Shifts

Shifts (cont)

Medium Volume ED
- Monday to Sunday
  - 12 pm - 3 pm
  - 3 pm - 6 pm
  - 6 pm - 9 pm

Rostering and Shifts

Shifts (cont)

High Volume ED
- Monday to Sunday
  - 12 pm - 3 pm
  - 3 pm - 6 pm
  - 6 pm - 9 pm
  - 9 pm - 12 am

Rostering and Shifts

Shifts (cont)

Communications Book:
- Volunteer Coordinator/Volunteer Liaison Officer
  and volunteers can record information relating to:
  - any concerns or issues that arose during the course of
    a shift
  - availability/unavailability of volunteers
  - policy or procedural matters
  - any upcoming events
19. Training session PowerPoint presentation (continued)

Rostering and Shifts

Shifts (cont)
Log Book:
• Volunteers are to use the Log Book to:
  • sign in prior to commencing their shift
  • sign out upon finishing their shift
  • record the number of visitors supported during their shift

Rostering and Shifts

Shifts (cont)
Upon commencing a shift volunteers are to:
• sign in the Log Book
• check the Communications Book for any correspondence from the previous shift or Volunteer Coordinator/Volunteer Liaison
• introduce themselves to the ANUM/NIC

Rostering and Shifts

Shifts (cont)
Small Group Activity
Form groups of 5-6 people
• How will you initiate a conversation with a visitor to the Emergency Department?
• Will that change if the visitor is displaying signs of pain and/or distress?
• What techniques/phrases could you use to deflect a potential controversial conversation topic?
Rostering and Shifts

Shifts (cont)

At the completion of their shift, volunteers are to:
- Detail any relevant information in the Communications Book
- Handover to the next volunteer commencing a shift
- Sign out in the Log Book
- Advise the ANUM/Nurse in Charge that they are leaving

Rostering and Shifts

Shifts (cont)

Breaks:
- Volunteers are encouraged to take a 10 minute break during the course of their shift
- If the waiting room (and/or cubicles) is quiet, volunteers are to use their discretion in taking additional breaks
- Volunteers have access to, and use of, all condiments and facilities provided in the staff room
- Meals, or meal vouchers, will only be provided at the discretion of the ANUM/Nurse in Charge

Feedback and Review Process

- Catch up after 1 month
- Probationary Period meeting after 3 months
- Quarterly Catch up meetings
- Volunteers are encouraged to provide feedback to the Volunteer Coordinator/Volunteer Liaison Officer
- Volunteers who resign, retire, or are terminated, are asked to complete an Exit Feedback Form
19. Training session PowerPoint presentation (continued)

**Performance Management**

- All matters relating to volunteer performance will aim to be resolved in the most informal and positive manner possible, such as through:
  - Counselling
  - Additional training and/or supervision
  - Reassignment
  - Verbal warnings

**Performance Management**

- The following outlines the process for managing volunteer performance and behaviour:
  - Step 1 – Notification
  - Step 2 – Counselling
  - Step 3 – Verbal Warning
  - Step 4 – Written Warning
  - Step 5 – Dismissal

**Performance Management**

- In certain circumstances of serious or gross misconduct, the Volunteer Coordinator may decide to:
  - Immediately stand down a volunteer pending an investigation
  - Issue a first and final written warning
- Only the Executive Director or CEO, acting on the advice of the HR Dept. or Volunteer Coordinator, may dismiss a volunteer
Support and Debriefing

- Volunteers may be exposed to unpleasant or stressful situations which have the potential to affect their emotional, mental or physical health.
- In such cases, volunteers are encouraged to debrief with the ANUMANurse-in-Charge as soon as possible.
- If either party deems the initial debrief is not sufficient, the matter will be referred to the Volunteer Coordinator, who will organise formal debriefing.
- All discussions will remain private and confidential.
- Quarterly Catch up meetings can be used to discuss "general" issues.

Professional Development

Volunteer Coordinator responsibilities:

- Assessing and identifying learning and development needs of volunteers
- Learning and development opportunities may incorporate, but are not limited to:
  - Occupational Health and Safety
  - Emergency Procedure Updates
  - Mental Health
  - Dementia
  - Diabetes
  - Substance Abuse
  - Cultural and Linguistic Studies
- Ensure volunteers actively participate in identifying learning and development needs.

Volunteer responsibilities:

- Actively participate in identifying learning and development needs
- Actively participate in any agreed learning and development activity
- Complete an evaluation form on completion of any learning and development activity
- Share learning experiences with other volunteers
- Be fairly reasonable regarding expectations of learning and development opportunities!
19. Training session PowerPoint presentation (continued)

**Reimbursement and Gifts**
- Volunteers may be eligible for reimbursement of reasonable, pre-approved, out of pocket expenses, incurred on behalf of the Hospital.
- Volunteers who wish to provide additional resources for the waiting room, are to contact the Volunteer Coordinator, to seek permission to do so.
- Volunteers are not to accept monies from patients and/or their family and friends.
- Volunteers are able to accept gifts from patients and/or their family and friends, providing the gift is of no commercial value (i.e. box of chocolates).

**Recognition**

The hospital will respect and recognise our volunteers by:
- Ensure volunteers are kept abreast of all program changes.
- Ensure ED staff understand and respect the volunteer’s role.
- Actively listen to your ideas and concerns.
- Accommodate personal needs and problems.

**Recognition**

The hospital will respect and recognise our volunteers by (cont):
- Organise ‘awards’ or ‘certificates’ for outstanding service or years of service.
- Include volunteers in special events.
- Organise an activity on International Volunteers Day.
- Organise an activity during National Volunteer Week.
- Provide a Statement of Service upon leaving the program.
Resignation and Termination

Resignation

- A volunteer may resign from their position at anytime and for any reason.
- The intention to resign should be conveyed to the Volunteer Coordinator or Volunteer Liaison Officer, with preferably no less than two weeks notice.

Resignation (cont)

- On exiting the program, volunteers are provided with an Exit Feedback Form to complete.
- Volunteers must return all hospital property, including:
  - Uniform
  - Security Identification Badge, Access Card and Emergency Codes Card
  - All other branded materials

Resignation and Termination

Termination

- A Volunteer may be terminated from their position under the following circumstances:
  - if they have received counseling, verbal and written warnings, and have failed to achieve a satisfactory level of performance or behaviour throughout the process.
  - If they commit an act considered to be of serious or gross misconduct.
19. Training session PowerPoint presentation (continued)

**Resignation and Termination**

**Termination (cont)**

- Volunteers will be afforded due process, consisting of a thorough and well-documented investigation, if there is an allegation of serious or gross misconduct.
- Only the Executive Director or CEO, acting on the advice of the HR Dept. or Volunteer Coordinator, may dismiss a volunteer.

**What to do now?**

- Decide if this is still the sort of volunteer opportunity you would like to undertake?
- Sign a Memorandum of Understanding
- Prepare for your photo to be taken (anticipating that you have successfully completed training!)
- Try on sample uniforms to provide accurate uniform sizing (anticipating that you have successfully completed training!)
- Volunteer Coordinator will notify applicants by letter in the next week or so of application outcome.

**Thank You!**

On behalf of everyone here at <insert name> Hospital, we would like to thank you for taking the time to attend this training session, and for considering our Hospital worthy of your time and effort!!
### 20. Working with differences survey

<table>
<thead>
<tr>
<th></th>
<th>I am likely to feel uncomfortable and/or find it difficult to relate to them</th>
<th>I find it easy to tolerate</th>
<th>I am likely to feel completely comfortable</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. **30-year-old Muslim woman**
   - 0
   - 5
   - 10

2. **Person with low English proficiency**
   - 0
   - 5
   - 10

3. **Couple in a mixed marriage**
   - 0
   - 5
   - 10

4. **Person of poor appearance**
   - 0
   - 5
   - 10

5. **Single mother with three children**
   - 0
   - 5
   - 10

6. **Elderly man and his extended family**
   - 0
   - 5
   - 10

7. **50-year-old Sudanese woman**
   - 0
   - 5
   - 10

8. **Person who has poor hygiene**
   - 0
   - 5
   - 10

9. **Person who avoids eye contact**
   - 0
   - 5
   - 10

10. **Patient and carer in same-sex relationship holding hands**
    - 0
    - 5
    - 10
21. Training session checklist

<table>
<thead>
<tr>
<th>Training session checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Before the day:</strong></td>
</tr>
<tr>
<td>• Arrange session dates/times taking into account availability of meeting rooms and staff availability (NUM, ANUM/s, HR dept staff)</td>
</tr>
<tr>
<td>• Communicate session dates/times to interested participants and record which session each person will be attending</td>
</tr>
<tr>
<td>• Confirm attending staff</td>
</tr>
<tr>
<td>• Ensure relevant equipment is available (laptop, data projector, speakers)</td>
</tr>
<tr>
<td>• Download training Session PowerPoint presentation onto laptop</td>
</tr>
<tr>
<td>• Organise relevant documentation: memorandum of understanding, copies of training PowerPoint presentation</td>
</tr>
<tr>
<td>• Photocopy individual and group activity sheets, working with differences survey</td>
</tr>
<tr>
<td>• Organise attendance sheet</td>
</tr>
<tr>
<td>• Organise snacks and drinks</td>
</tr>
<tr>
<td><strong>On the day:</strong></td>
</tr>
<tr>
<td>• Reminder email to attending staff</td>
</tr>
<tr>
<td>• Collect relevant equipment (laptop, data projector, speakers)</td>
</tr>
<tr>
<td>• Collect relevant documentation, activity sheets, working with differences surveys and attendance sheet</td>
</tr>
<tr>
<td>• Pick up, or ensure delivery of, snacks and drinks</td>
</tr>
<tr>
<td>• Set up room prior to participant arrival</td>
</tr>
<tr>
<td>• Request participants to fill in the attendance sheet</td>
</tr>
<tr>
<td><strong>During the training:</strong></td>
</tr>
<tr>
<td>• Discuss the role of the volunteer liaison officer to ascertain applicant interest</td>
</tr>
<tr>
<td>• Ensure a photo is taken of applicants for their security identification badge</td>
</tr>
<tr>
<td>• Ascertain uniform size for all applicants</td>
</tr>
<tr>
<td>• Remind applicants that they will be advised in writing in the next week or so, of their application outcome</td>
</tr>
<tr>
<td>• Remind applicants that their probationary period commences upon receipt of a successful application letter</td>
</tr>
</tbody>
</table>
22. Successful application letter

<Insert date>

<Insert name>
<Insert address>
<Insert suburb, state, postcode>

Dear <insert name>,

Congratulations!

Thank you for your recent interest in our Volunteers in Emergency Department (VED) program. I am writing to let you know that you have been successful in your application.

As your probationary period commences from the date of this letter, I will contact you in the coming days to organise your first shift, and issue you with your uniform, security identification badge, access card and emergency codes card.

On behalf of the hospital, I would like to once again congratulate you on becoming an ED volunteer, and hope that your volunteering experience will be an enjoyable and rewarding one!

If you have any further queries, please do not hesitate to contact me on <insert number>.

Yours sincerely,

<Insert name>
<Insert name> Hospital
23. Volunteer probation feedback form

Name: 

Position: Volunteer

Department: Emergency

Commencement date: 

End-of-probation date: 

1. Has the volunteer:
Satisfied the key responsibilities outlined in their position description?

Demonstrated the level of experience and skills required for their role?

Communicated well with other volunteers, staff, patients and/or their family and friends?

Maintained their commitment to the program by attending their rostered shifts (a) on time and (b) on a regular basis?

2. Please tick one
(a) On the basis of their performance to date, I have no hesitation in confirming the volunteer.
(b) On the basis of their performance to date, I am confirming the volunteer; however, there are some areas for improvement that require attention (please specify)
(c) On the basis of their performance to date, I am advising the volunteer of the inability to confirm them, and am subsequently terminating their volunteer position.
3. If you have ticked 2(b), please detail the agreed action plan for performance improvement, and specify the date in which this will occur by.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. Has the volunteer been counselled during the probation period on areas for improvement stated in 2(b)?

Yes / no Date of counselling:

If no, please state the reasons:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If you have ticked 2(b), please advise the human resources department as soon as practicably possible.

5. Volunteer (comments):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Volunteer Coordinator (or other as stated) Volunteer

(Signed) (Signed)

(Name) (Name)

(Date) (Date)
24. Volunteer dismissal notice

<Insert date>

<Insert name>
<Insert address>
<Insert suburb, state, postcode>

Dear <insert name>,

Dismissal notice

We refer to a number of incidents that have been brought to your attention, both verbally and in writing, on <insert dates>.

Unfortunately, during your time as an ED volunteer and throughout the performance management process, you have failed to improve your performance and behaviour, and adhere to hospital policy and procedures.

We have no alternative, therefore, but to dismiss you from your role as an ED volunteer, effective from <insert date>.

Please return all hospital property, within a fortnight of receipt of this letter, including your:

- uniform
- security identification badge, access card and emergency codes card
- all other branded materials.

Yours sincerely,

<Insert name> Hospital

______________________________
Signed

______________________________
Position

______________________________
Name

______________________________
Date

I acknowledge that I have received this document, read this document and fully understand its contents and implications.

______________________________
ED volunteer

______________________________
Signed

______________________________
Position

______________________________
Name

______________________________
Date
25. Record of counselling pro forma

Date of meeting:

Present at meeting:

Discussion
Statement of specific performance or behaviour issue:

Explanation of expected level of performance and behaviour:

Volunteer response:

Agreed action plan:

Review date:

Signed
Position

Name
Date

I acknowledge that I have read this document and agree that it is an accurate record of the meeting.

ED volunteer

Signed
Position

Name
Date
26. Written warning pro forma

<Insert date>

<Insert name>
<Insert address>
<Insert suburb, state, postcode>

Dear <insert name>,

Written warning

I refer you to a number of incident/s that have been brought to your attention, both verbally and in writing, on <insert date/s>.

During the performance management process, it was agreed that <insert agreed action plan>, which would lead to improvement in both your performance and behaviour. Our understanding is that such actions have not been undertaken. Could you please advise us if you believe there has been extenuating circumstances that we should be aware of.

We would like to take this opportunity to stress the importance of the responsibilities of your position as outlined in your position description. Your performance and behaviour will continue to be closely monitored, to which end we are hoping to see a satisfactory change.

If you have any queries, or wish to discuss the matter further, do not hesitate to contact the volunteer coordinator, <insert name> on <insert number>.

<Insert name> Hospital

Chief Executive Officer/Executive Director

Signed
Name
Date

I acknowledge that I have received this document, read this document and fully understand its contents and implications.

ED volunteer

Signed
Name
Date
27. Volunteer exit feedback form

Dear volunteer,

In order to improve the conditions of volunteering with <insert name> Hospital, all volunteers have the opportunity to provide feedback in relation to their volunteer experience.

We thank you for the time you have generously given to the hospital, through providing practical and emotional support to patients and/or their family and friends.

Best wishes for the future,

<Insert Name> Hospital

Your details

- **Family name:**
- **Given name:**
- **Department:** Emergency
- **Volunteer ID:**
- **Position:** Volunteer
- **Commencement date:**
- **Exit date:**

Reasons for leaving

- Study
- Travel
- Family reasons
- Health reasons
- Professional reasons
- Program failed to meet expectations
- End of program
- Other (please state)

(Please tick one)

**Statements:**

<table>
<thead>
<tr>
<th>Number</th>
<th>Statement</th>
<th>1 = strongly agree</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 = strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Recruitment and selection processes were clearly explained</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>Training provided was better than adequate</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>The information in the position description accurately reflects the duties expected to be performed in the role</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>Uniform and equipment provided was satisfactory</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>Rostering of shifts was well organised and communicated</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Support and debriefing, if required, was readily accessible</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>Professional development opportunities were appropriate</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8</td>
<td>Recognition was provided at, and on, appropriate occasions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9</td>
<td>Staff were supportive and I was made to feel part of the team</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

(Please circle one)
27. Volunteer exit feedback form (continued)

Please tell us about the enjoyable and not so enjoyable parts of your volunteering experience.

__________________________________________________________________________

Please tell us if there was anything we could have done to prevent you leaving.

__________________________________________________________________________

Do you have any suggestions as to how we could improve the program and/or volunteering experience?

__________________________________________________________________________

Would you recommend the program and Hospital to others interested in volunteering?

☐ Yes  ☐ No

__________________________________________________________________________

Additional comments: Please feel free to write any additional comments you have about the program, your volunteering experience or the hospital.

__________________________________________________________________________

Volunteer has returned the following items:

<table>
<thead>
<tr>
<th>Item</th>
<th>Volunteer</th>
<th>Interviewer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uniform</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Security identification badge</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Access card</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Emergency codes card</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

Volunteer  Interviewer

Signature  Signature

Date  Date

Please return completed form to: Volunteer Coordinator
<Insert address>
<Insert suburb, state, postcode>
28. Incident report form

Incident reference number:

The incident resulted in: [ ] Injury to an individual [ ] Damage to property/environment [ ] A near miss

Personal details (of injured):

Surname: ___________________________ First name: ___________________________ Initial: ___________________________

Address: ___________________________

Postcode: ___________________________

[ ] Male [ ] Female Date of birth: DD / MM / YY

A: [ ] Staff member [ ] Volunteer [ ] Contractor [ ] General public

Department: Emergency

Position: ___________________________

Supervisor: ___________________________

Incident details:

Date incident occurred: ___________________________

Time incident occurred: ___________________________

Where did the incident occur? (Please specify)

_________________________________________________________________________

_________________________________________________________________________

What was the nature of, and injury resulting from, this incident? (Please explain in your own words what had happened)

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________
28. Incident report form (continued)

Was first aid or further treatment required?  [ ] Yes  [ ] No

Were there any witnesses?  [ ] Yes  [ ] No

Name of witness/es: __________________________________________

Address: ___________________________________________________

Postcode: ___________________________________________________

Position: ___________________________________________________

Contact details: ___________________________________________

Signature of person completing report: ___________________________________________________

Name of person completing report: ___________________________________________________

Date: DD / MM / YY

A copy of this report is be forwarded to your manager immediately.

Supervisor’s comments: ___________________________________________________

Does this incident require further investigation? [ ] Yes  [ ] No
(If yes, refer to nurse unit manager)

Does the severity of this incident require notification to Work Safe Victoria? [ ] Yes  [ ] No

Supervisor’s signature: __________________________________________

Date: DD / MM / YY

A copy of this report is to be provided to the:

• Volunteer (or other injured party)
• Volunteer Coordinator
• Nurse Unit Manager
• OH&S Officer/Human Resources department
29. Volunteer learning and development evaluation form

Date:

L & D activity:

Volunteer name:

Please respond to the questions using the following scale, and by making a comment where requested.

Scale

1  Excellent  2  Very good
3  Good     4  Average
5  Poor     6  Very poor

☐  1. How clear were the aims/outcomes of the learning and development opportunity made at the beginning of the session?

☐  2. To what extent do you think the aims/outcomes of the session were achieved?

☐  3. What were your expectations of the learning and development session?

☐  4. To what extent do you feel these expectations were met?

☐  5. How well paced do you think the session was?

   Comment/s:

☐  6. How clear and concise was the presenter?

   Comment/s:
7. Did the teaching methods used during the session suit your learning style?
   Comment/s:

8. How would you rate the presenter’s ability to convey the information in an easy to understand manner?

9. How would you rate the level of active participation by other volunteers during the session?

10. Overall, how would you rate your individual level of learning from the session?

11. How well did you enjoy the session?

12. Do you have any suggestions as to how we could improve learning and development opportunities?

13. Please add any further comments about the session.

Thank you for taking the time to complete this evaluation form!
30. Reimbursement claim form
### 31. Monthly reporting form

<table>
<thead>
<tr>
<th>Month:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer Coordinator:</td>
<td></td>
</tr>
<tr>
<td>Volunteer Liaison Officer:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Volunteer liaison officer(s)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of liaison officer(s):</td>
<td></td>
</tr>
<tr>
<td>Total number of hours:</td>
<td></td>
</tr>
</tbody>
</table>

### Volunteers

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current number of volunteers:</td>
<td></td>
</tr>
<tr>
<td>Actual number of volunteers rostered:</td>
<td></td>
</tr>
<tr>
<td>Number of new volunteers:</td>
<td></td>
</tr>
<tr>
<td>Number of resigned/terminated volunteers:</td>
<td></td>
</tr>
</tbody>
</table>

#### Rostering and shifts

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Number of possible rostered shifts*</td>
<td></td>
</tr>
<tr>
<td>Low-volume ED: Monday to Friday: 12–3pm, 3–6 pm</td>
<td></td>
</tr>
<tr>
<td>Saturday to Sunday: 12–3pm, 3–6pm, 6–9pm</td>
<td></td>
</tr>
<tr>
<td>Medium-volume ED: Monday to Sunday: 12–3pm, 3–6 pm, 6–9 pm</td>
<td></td>
</tr>
<tr>
<td>High-volume ED: Monday to Sunday: 12–3pm, 3–6 pm, 6–9 pm, 9pm–12am</td>
<td></td>
</tr>
</tbody>
</table>

* Remember two volunteers are required each shift and the number of days in each month varies.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Number of non-attended shifts:</td>
<td></td>
</tr>
<tr>
<td>Volunteers who failed to attend their rostered shift, and did not advise either the volunteer coordinator or volunteer liaison officer. If one volunteer attends a shift, that is counted as one shift.</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of vacant shifts:</td>
<td></td>
</tr>
<tr>
<td>Vacant shifts are those shifts where volunteers were unavailable for rostering.</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of attended shifts:</td>
<td></td>
</tr>
<tr>
<td>Attended shifts is equal to number of possible rostered shifts less number of non-attended shifts less number of vacant shifts.</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of volunteer hours:</td>
<td></td>
</tr>
<tr>
<td>The number of filled shifts multiplied by three hours; for example, 60 filled shifts at three hours per shift, with two volunteers per shift, equates to a total of 360 volunteer hours.</td>
<td></td>
</tr>
</tbody>
</table>
Visitors

Total number of visitors assisted* by volunteers:

Statistics to be obtained and collated from the log book by either the volunteer coordinator or volunteer liaison officer.

* Assisting a visitor is defined as per the responsibilities of the role, and for a period greater than five minutes. If both volunteers assist the same visitor during their shift, this is counted as two visitors.

Comments


Issues or concerns


Completed by:

Name:  Date:

Signature:
# Volunteer turnover form

In order to ensure the efficiency and effectiveness of the VED program is maintained, annual volunteer turnover should be kept to a minimum. The purpose of this form is to document the reasons behind volunteer turnover, identify trends and improve relevant practices to reduce turnover in the future.

## Volunteers

<table>
<thead>
<tr>
<th>Reason</th>
<th>Total</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of volunteers resigned:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program failed to meet expectations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>End of program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
</table>

## Volunteers

<table>
<thead>
<tr>
<th>Reason</th>
<th>Total</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of volunteers terminated:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discrimination (direct)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discrimination (indirect)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual harassment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harassment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bullying</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victimisation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inappropriate use of hospital equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inappropriate conduct (outside of PD responsibilities)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
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### Comments

<table>
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<th>Comments</th>
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<tbody>
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### Completed by:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

| Signature: | |
|------------|
33. Community engagement form

The purpose of this form is to not only ensure the organisation is engaging volunteers within its own service catchment area, but also to gain a better understanding of the type of volunteer being engaged.

<table>
<thead>
<tr>
<th>Volunteers</th>
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<tbody>
<tr>
<td><strong>Number of volunteers</strong></td>
<td></td>
</tr>
<tr>
<td>Recruited from:</td>
<td>Total</td>
</tr>
<tr>
<td>&lt;insert suburb&gt;</td>
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<tr>
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<td>&lt;insert suburb&gt;</td>
<td>&lt;insert postcode&gt;</td>
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</tr>
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<td>&lt;insert other/s&gt;</td>
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<table>
<thead>
<tr>
<th>Description of volunteers</th>
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</thead>
<tbody>
<tr>
<td><strong>Number of males:</strong></td>
<td>Total</td>
</tr>
<tr>
<td>Aged 18–24 years</td>
<td></td>
</tr>
<tr>
<td>Aged 25–29 years</td>
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</tr>
<tr>
<td>Aged 30–34 years</td>
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<tr>
<td>Aged 35–39 years</td>
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<td>Aged 40–44 years</td>
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<td>Aged 50–54 years</td>
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<tr>
<td>Aged 55–59 years</td>
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<tr>
<td>Aged 60–64 years</td>
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</tr>
<tr>
<td>Aged 65+ years</td>
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### Volunteers

#### Description of volunteers (continued)

<table>
<thead>
<tr>
<th>Number of females:</th>
<th>Total</th>
<th>% of total</th>
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</thead>
<tbody>
<tr>
<td>Aged 18–24 years</td>
<td></td>
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<tr>
<td>Aged 25–29 years</td>
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<tr>
<td>Aged 65 + years</td>
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<td></td>
</tr>
</tbody>
</table>

#### Completed by:

<table>
<thead>
<tr>
<th>Name:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Signature:</th>
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<tbody>
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</tbody>
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