



CHECKLIST FOR REGISTRATION OF RCH VISITING VOLUNTEERS

(To be completed by an individual responsible for recruitment at the Visiting Volunteer Group)

Please complete both pages of this checklist, take a copy for your records and return the original to:

Brenda Kittelty, Visiting Volunteer Program Coordinator
Family Resource & Respite Centre, The Royal Children's Hospital
50 Flemington Road, PARKVILLE VIC 3052
Tel: (03) 9345 4662

DETAILS	
Name of Volunteer Group:	
Name of Visiting Volunteer:	
<ul style="list-style-type: none"> ▪ Have two reference checks been completed and recorded, and copies kept in your file? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ Have you sighted the visiting volunteer's Police Check record? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ Confirm Police Check category states "Volunteer – Contact with Children". 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ Record reference number and date of issue here. 	
<ul style="list-style-type: none"> ▪ Is the Police Check clear of any convictions? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no please provide a copy)</i>
<ul style="list-style-type: none"> ▪ Have you sighted the volunteer's Working With Children card? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ Record the number and expiry date here. 	
<ul style="list-style-type: none"> ▪ For existing WWC cards, have you sighted evidence of the addition of RCH as an interested party? 	<input type="checkbox"/> Yes <input type="checkbox"/> No



CHECKLIST cont.

ITEM	RESPONSE				
<ul style="list-style-type: none"> Has the Visiting Volunteer received training specific to their role at RCH or has a buddy shift been organised with a colleague? Please contact the VVP Coordinator if RCH orientation is required. 	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<ul style="list-style-type: none"> Has the Visiting Volunteer been reminded that whooping cough, tetanus and seasonal influenza immunisations are very strongly recommended? 	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<ul style="list-style-type: none"> Has the RCH Privacy, Confidentiality & Security Agreement been signed and dated and forwarded to the VVP Coordinator? 	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<ul style="list-style-type: none"> Record emergency contact details here: 					
<ul style="list-style-type: none"> Record any known medical conditions here: 					
<p>I have read the VVP procedure and agree to abide by all terms, conditions and guidelines as prescribed by The Royal Children's Hospital, Melbourne.</p> <p>Name of volunteer:</p>	<p>Signature of volunteer:</p>				
	<p>Date:</p>				
<p>Name and position of individual completing this checklist (e.g. Volunteer Coordinator, HR Manager, CEO or other person responsible for recruitment):</p>	<p>Signature:</p>				
	<p>Date:</p>				
<p>FOR FAMILY SERVICES STAFF ONLY</p> <p>Date received by VVP Coordinator:</p>	<table border="1"> <tr> <td>Date entered on Volunteer database:</td> <td>Volunteer database no:</td> </tr> <tr> <td>Date entered on VVP database:</td> <td>VVP database no:</td> </tr> </table>	Date entered on Volunteer database:	Volunteer database no:	Date entered on VVP database:	VVP database no:
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Date entered on VVP database:	VVP database no:				
<p>FOR FAMILY SERVICES STAFF ONLY</p> <ul style="list-style-type: none"> Has an identity badge been ordered? Has the volunteer been oriented to sign-in/sign-out procedures? 					
<ul style="list-style-type: none"> If applicable, what date did the volunteer complete Emergency Procedures training? 					
<ul style="list-style-type: none"> Has the volunteer been given a Starter Pack? 					