



APPLICATION FOR APPROVAL AS A VISITING VOLUNTEER GROUP

(To be completed by the authorised representative of Visiting Volunteer Group)

Please complete all sections of this application form, 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
 or email to: brenda.kittelty@rch.org.au

VOLUNTEER GROUP INFORMATION	
Name of volunteer group:	
Entity executing agreement (please include full company name and ABN):	
Postal address:	
Website (if applicable):	
Name, title and contact details of primary contact at volunteer group (email, telephone and mobile):	
VOLUNTEER GROUP ACTIVITIES	
What type of activity or support do you propose to provide?	
In what way do you believe this will benefit RCH patients and/or their families?	
What areas of RCH do you propose to visit?	
When do you intend to visit? Please give details of proposed days, frequency, and duration of visits.	
Is your group also involved in fund raising? If yes, please complete 'Fundraising' section below. Please note, RCH policy prohibits fundraising activities being conducted at the RCH.	

BACKGROUND CHECKS	
Organisation	
<i>Please describe how you believe your organisation meets the RCH values of Unity, Respect, Integrity and Excellence? Please advise if there is any reason why an association with your organisation may negatively impact on the reputation of the RCH.</i>	
<i>Has the organisation been involved in any litigation or significant disputes over the past three years? If yes, please provide details.</i>	
<i>Please attach an ASIC company extract for the organisation</i>	
Directors and Officers	
<i>Please list the full names of the directors and officers of your organisation and provide the following for each:</i> <ul style="list-style-type: none"> (a) ASIC checks; (b) Police checks; (c) Working With Children check; and (d) Profile or CV. 	
COMPLIANCE WITH LAWS	
<i>Please attach a copy of your organisation's privacy policy and confirm that the organisation complies with all privacy legislation in relation to the collection, use and disclosure of personal information.</i>	
<i>Please provide details of your organisation's policy on consent and provide a copy of any consent policy, procedure or other document which evidences this approach.</i>	
FUNDRAISING INFORMATION	
<i>Please provide information as to how the fundraising is conducted and what the funds are used for.</i>	
REGISTRATIONS AND ACCREDITATION	
<i>Please indicate if your organisation holds any of the following registrations:</i>	<input type="checkbox"/> ACNC <input type="checkbox"/> DGR status with the ATO <input type="checkbox"/> Consumer Affairs Victoria Other: _____
<i>If your organisation holds any accreditations, please provide details:</i>	

Office use only:

Date application received:	
Name of ED, date forwarded:	
Approved/declined & date:	
Group informed of outcome & welcome pack paperwork sent:	