



## 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 6750

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



## CHECKLIST cont.

ITEM	RESPONSE	
<ul style="list-style-type: none"> <li>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.</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Has the Visiting Volunteer been reminded that whooping cough, tetanus and seasonal influenza immunisations are very strongly recommended?</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Has the RCH Privacy, Confidentiality &amp; Security Agreement been signed and dated and forwarded to the VVP Coordinator?</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Record emergency contact details here:</li> </ul>		
<ul style="list-style-type: none"> <li>Record any known medical conditions here:</li> </ul>		
<p><b>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.</b></p> <p><b>Name of volunteer:</b></p>	<p><b>Signature of volunteer:</b></p>	
	<p><b>Date:</b></p>	
<p><b>Name and position of individual completing this checklist (e.g. Volunteer Coordinator, HR Manager, CEO or other person responsible for recruitment):</b></p>	<p><b>Signature:</b></p>	
	<p><b>Date:</b></p>	
<p><b>FOR FAMILY SERVICES STAFF ONLY</b></p> <p><i>Date received by VVP Coordinator:</i></p>	<p><i>Date entered on Volunteer database:</i></p>	<p><i>Volunteer database no:</i></p>
	<p><i>Date entered on VVP database:</i></p>	<p><i>VVP database no:</i></p>
<p><b>FOR FAMILY SERVICES STAFF ONLY</b></p> <ul style="list-style-type: none"> <li>Has an identity badge been ordered?</li> <li>Has the volunteer been oriented to sign-in/sign-out procedures?</li> </ul>		
<ul style="list-style-type: none"> <li>If applicable, what date did the volunteer complete Emergency Procedures training?</li> </ul>		
<ul style="list-style-type: none"> <li>Has the volunteer been given a Starter Pack?</li> </ul>		