

The Royal Children's Hospital Volunteer Recruitment File Checklist

Volunteer Name					
Area Placed and Role					
Assigned Buddy		Buddy Shift Date			
Commencement Date		Database Number			
***Date of Application Form Received		***Date Additional Photo ID Sighted and Confirmed Volunteer Photo and Address Details			
***Date Interview Conducted		***Date of Two Reference Checks Completed			
Names of Interviewers		1.			
		2.			
***Working with Children Check Card - RCH listed as organization <u>Must Sight Original</u>		Number:			
		Date of Expiry:			
		Date of Confirmation:			
***Police Check - 'Reason for Check – Volunteer - Contact with Children' - <u>Must Sight Original</u> <u>Is the Police Check clear of any convictions?</u>		Reference Number:			
		Date of Issue:			
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<i>If no please provide a copy.</i>	
Country of Birth	Australia (circle or cross)		Other		
Fluent in Languages Other Than English (list languages)			Willing to use language skills?	Yes / No	
Dates of 5 Training Sessions Attended (Session 1 and 5 only for AH)					
Session 1	Session 2	Session 3	Session 4	Session 5	
Date of Welcome Email sent with RCH links included					
***Date Two Copies of Privacy, Confidentiality & Security Agreement signed. One filed, one to volunteer					
Date of Position Description signed - file copy, original to volunteer					
*** Any known Medical Conditions	Yes / No	***Date Advised			
Date Volunteer in possession of complete Identity Badge (ID, barcode, lanyard)					
Please Tick	Database		Timesheet		Roster
Contacted Person Responsible for Volunteer in Area of Placement		Name			
		Date			
Staff Member Completing Checklist and Filing				Date:	