



Volunteer Policy

1. Background

This policy applies to all persons engaged in paid and unpaid work in the WA Country Health Service (WACHS).

This policy is to be read in conjunction with the WACHS [HR Volunteer Screening Intranet page](#), which provides additional information on the process for volunteers and criminal record re-screening.

2. Policy Statement

The WACHS recognises the long-established and valuable contribution that volunteers make to the delivery of quality health services.

A volunteer is an individual who chooses of their own free will to engage in specified, unpaid activities within the WA Country Health Service. This includes advisory group members who may receive payment for out of pocket expenses (refer to section 11).

The use of volunteers to support health service delivery and client experiences of health care is encouraged. The work of volunteers must not replace the areas of work traditionally undertaken by paid employees.

While acknowledging the value and seeking to encourage the involvement of volunteers, WACHS will ensure that selection and screening processes are applied when recruiting volunteers including:

- the supply of relevant references and background information
- WA Health Criminal Record Screening, and if required, the Working with Children Check and Aged Care Criminal Record Screening, to meet the requirements of relevant policies and legislation.

Where recruitment of volunteers is managed on behalf of WACHS by an external organisation, information is to be sought from those organisations on a regular basis to ensure that selection processes comply with the requirements of WACHS.

3. Roles and Responsibilities

4.1 Site Managers

Site managers are responsible for:

- appointing local volunteer coordinators or nominated officer to provide a clear point of contact between volunteers and the site
- ensuring that relevant selection and screening processes are applied and documented (resource documents are attached - refer to section 9)
- ensuring external organisations engaging volunteers on behalf of WACHS comply with the screening requirements of this policy

- ensuring that volunteers receive appropriate induction and orientation and support
- ensuring that volunteers have clearly defined roles
- ensuring that volunteers have a safe working environment
- providing volunteers with the [WA Health Code of Conduct](#) and other relevant policies and procedures
- ensuring adequate insurance cover for volunteers in respect of their activities for WACHS
- meeting the cost of volunteers undergoing the WA Health Criminal Record Check and, if required, the Working with Children Check, Aged Care Criminal Record Screening and medical testing (if required)
- reimbursing approved out of pocket expenses.

4.2. Volunteer Coordinator (or nominated Officer) Responsibilities

To be read in conjunction with the WACHS [HR Volunteer Screening Intranet page](#).

4.2.1 Application Form

Ensure new volunteers complete an Application Form (refer to [Appendix 1](#))

4.2.2 Volunteer Agreement (including Confidentiality Agreement)

Ensure new volunteers sign a Volunteer Agreement (refer to [Appendix 2](#)). The volunteer agreement is to identify the responsibilities and tasks to be undertaken by the volunteer and the site.

There may be specific conditions applicable to particular health services and sites, but the general conditions of involvement as a volunteer include:

- participating:
 - in clearly established tasks in the delivery of services to satisfy various needs of the site.
 - without financial reward (not including reimbursement of approved out of pocket expenses).
- endeavouring to:
 - perform tasks assigned to the best of their ability
 - meet allocated commitments on time.
- agreeing to:
 - undergo a WA Health Criminal Record Check
 - undergo an Aged Care Criminal Screening Check (if required)
 - undergo a Working with Children Check (if required)
 - comply with applicable confidentiality obligations (refer to section 9)
 - disclose any conflicts of interest
 - participate in/comply with health service requirement related to induction and workplace health and safety.
- refraining from offering counselling, spiritual help or medical advice to patients, clients or their family and friends unless specifically authorised to do so
- abiding by the [WA Health Code of Conduct](#) and all relevant laws, policies and procedures.

4.2.3 Induction and orientation

Upon receipt of the signed volunteer agreement, the volunteer coordinator is to arrange for the volunteer to:

- attend the volunteer induction program
- commence their voluntary duties
- be orientated to the specific volunteer service they have joined
- attend any mandatory training sessions
- participate in performance development activities (if required).

For queries and advice, please contact your manager or local Human Resources team.

4. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all the WA Country Health Service staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within the WA Country Health Service.

WACHS staff are reminded that compliance with all policies is mandatory.

5. Evaluation

Evaluation and review of this policy is to be carried out by the Director Human Resources Services every five years (or earlier if required).

6. Standards

[National Safety and Quality Health Care Standards: Standard 1](#)
[EQulPNational Standards](#) - Standard 13.2, 13.3

7. Legislation

Aged Care Act 1997

Occupational Health, Safety and Welfare Act 1984

Public Interest Disclosure Act 2003

Working with Children (Criminal Records Checking) Act 2004

8. Resources and Websites

[Personal Accident Cover](#)

[Public Sector Commissioner's Circular: 2009-16 Guidelines for Successful Partnerships between Public Sector Agencies and Volunteers](#)

[Working with Children Check](#)

9. Related Forms

Appendix 1: [Application Form - Providing a Volunteer Service](#) (available separately)

Appendix 2: [Volunteer Agreement \(includes Confidentiality Agreement\)](#)
(available separately)

10. Related WACHS Policy Documents

WACHS [Aged Care Criminal Record Screening Policy](#)

WACHS [Advisory Council Participation Rates, Reimbursement of Expenses and Support Policy](#)

WACHS [Induction and Orientation Policy](#)

WACHS [Workforce Learning and Development Policy](#)

11. Related WA Health Policies

WA Health [Code of Conduct](#)

WA Health [Criminal Record Screening Policy and Guidelines](#)

WA Health [Working with Children Check Policy and Procedure](#)

WA Health [Patient Confidentiality Policy](#)

12. WA Health Policy Framework

[Employment Policy Framework](#)

**This document can be made available in alternative formats
on request for a person with a disability**

Contact:	A/Director HR Services (A.Manley)	TRIM Record #	ED-CO-17-57560
Directorate:	Business Services / Workforce	Date Published:	15 December 2017
Version:	1.00		

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.

Appendix 1:

Application Form - Providing a Volunteer Service

Volunteer Group (if applicable):

Date of Application:
Mr/Mrs/Ms:
First name:
Surname:
Address:
Suburb: State:..... Postcode:
Phone: Mobile:
Date of Birth: / /
Gender:
Email:

Contact Persons

Please provide the names and contact phone numbers of persons we should contact in the event of an emergency.

Contact 1

Name:
Phone: Mobile:
Relationship to you:

Contact 2

Name:
Phone: Mobile:
Relationship to you:

Referees

Please provide the names and contact phone numbers of persons who would be able to act as referees for you.

Referee 1

Name:
Phone: Mobile:
Relationship to you:

Referee 2

Name:
Phone: Mobile:
Relationship to you:

Background Information

Why are you volunteering?

.....
.....

What are your work preferences?

.....
.....

Do you have any work experience? If yes, please describe it?

.....
.....

Available Hours

Please tick the days you are available to volunteer:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
AM (time)							
PM (time)							

Hours preferred:

.....

Period available from: date: until:

Further information and comments:

Please inform us if there is any information we should know that is relevant to your involvement in this organisation (e.g. health, visa limitations etc.).

.....
.....
.....
.....

SIGNATURE:

DATE: / /

CONFIDENTIAL	
Record of Volunteer Interview	
Interview Date:	
Interviewer(s):	
Interviewer(s) Position:	
Contact No:	
Volunteer Name:	
Other Questions Relevant to Placement	
1. Why are you interested in working for this organisation?	
2. Why have you chosen to volunteer?	
3. Please tell us what it is you enjoy about working in a hospital setting:	
4. Please tell us what types of tasks you enjoy, and do you like to work in a group or alone?	
5. Would you be interested in becoming a volunteer driver?	
Current Drivers Licence sighted: Yes / No	

Appendix 2:

Volunteer Agreement (including Confidentiality Agreement)

We hope that you enjoy volunteering with us and feel a part of our team.

This agreement tells you what you can expect from us and how we hope you will be able to contribute to the WA Country Health Service (WACHS).

We wish to assure you of our appreciation of your volunteering with us and will do the best we can to make your experience as a volunteer enjoyable and rewarding.

Part 1: The Organisation

Your role as a volunteer starts on:

The nature and components of the work are:

.....
.....
.....
.....
.....
.....
.....
.....

This work is designed to:

.....
.....
.....
.....

The WACHS commits to:

1. Induction and Training

- providing you with a comprehensive induction on the work of the organisation, its staff and your volunteering role
- providing an opportunity for you to attend training programs to meet the responsibilities of this role and other mandatory training.

2. Supervision, Support and Flexibility

- explaining the standards we expect for our services and encourage and support you to achieve and maintain them
- providing a named person who will meet with you regularly to discuss your volunteering and any successes and problems you may have
- doing our best to help you develop your volunteering role with us
- providing you with an opportunity to participate in performance development
- consulting with you about your volunteering experience and the work environment
- keeping you informed of matters that affect you as a volunteer.

3. Expenses

- paying the costs of the WA Health Criminal Record Check and if required, the Working With Children Check and the national Police Certificate for Aged Care Providers and medical testing (if required)
- reimbursing you for the costs of approved out of pocket expenses
- Other details (as required).....
.....
.....
.....

4. Health and Safety

- providing a safe work environment
- providing adequate training and feedback in support of our health and safety policy.

5. Insurance

- providing Personal Accident Cover for you while you are undertaking voluntary work approved and authorised by us.

6. Issue Resolution

- trying to resolve fairly and promptly any problems, grievances and difficulties you may have while you volunteer with us in accordance with the principles of natural justice.

Part 2: The Volunteer

I confirm that:

- I am not aware of any criminal charges or offences that would disqualify me from working as a volunteer with the WACHS.
- I have disclosed all potential conflicts of interest.
- I have provided the names of referees who may be contacted regarding my suitability to work as a volunteer.
- I am available to start work on:
- I will be available to work at the following days and times:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
AM (time)							
PM (time)							

I understand that in working as a volunteer with WACHS:

- I must abide by the WA Health Code of Conduct and comply with all relevant laws, policies and guidelines.
- I may be deemed a ‘public officer’ as that term is defined in the Criminal Code, and subject to the misconduct provisions of the *Corruption and Crime Commission Act 2003*.

I agree to:

- perform my volunteering role to the best of my ability
- meet my agreed commitments regarding time and standards and give as much notice as possible should I not be able to meet those commitments
- not use, work on or operate equipment for which I have not received training or which I do not have permission or qualifications to operate
- maintain all information I receive in the course of my volunteer work in the strictest confidence
- disclose any conflicts of interest that may arise after my commencement as a volunteer
- attend mandatory training related to occupational health and safety issues
- obtain a WA Health (national) Criminal Record Check
- obtain a Working With Children Check if required
- obtain a national Police Certificate for Aged Care Providers if required
- advise my manager/supervisor/coordinator of any change in my criminal record
- undergo medical testing according to relevant policies
- advise my manager/supervisor/coordinator of any change to my circumstances that may affect my capacity to work as a volunteer or which may be relevant to WACHS.

I understand that my continued involvement in voluntary work role at WACHS is subject to my obtaining a satisfactory WA Health (national) criminal record check, national Police Certificate for Aged Care Providers (if required) and Working With Children Check (if required).

It is not intended for this agreement to establish a relationship of employment now or at any time in the future and may be cancelled at any time at the discretion of either party.

I understand in the course of my duties with WACHS, the confidentiality of information relating to WACHS, patients and staff is essential. I agree to not use or divulge to any other person any information to which I have access while volunteering with WACHS other than in the course of my volunteer duties or if required by law.

..... Volunteer Signature Print Name Date
..... Site Manager Signature Print Name	
..... Position Title	 Date