

The Women and Infants Research Foundation (WIRF)

VOLUNTEER POLICY AND MANAGEMENT PROCESSES

1. Purpose of this Document

The purpose of this document is to firstly, set out The Women and Infants Research Foundation's rationale for involving volunteers in its activities and secondly, to outline the intent of the Volunteer Management Processes.

2. Background

The mission of The Women and Infants Research Foundation (WIRF) is to conduct, support and promote high quality research for the benefit of human health relating to the fields of reproductive health and diseases of women at all ages, and health and disease of early life and their influence on subsequent health and disease in later life.

The Women and Infants Research Foundation was formed in 1976. The Foundation has worked in collaboration with volunteers for many years and values their ongoing dedication, contributions and commitment.

3. Aim of the Volunteer Program

The purpose of the Volunteer Program is to support the Foundation's mission, in particular its objective to develop a sustainable funding strategy. The involvement of volunteers in a range of activities, in particular the Café and Gift Shop, makes a significant contribution towards the achievement of this objective.

The Volunteer Program is a link between the Foundation and the community and the volunteers are drawn from all sections of the community. They share a desire to contribute to making a real difference to people's lives.

4. Principles of the Volunteer Program

- Volunteering is a matter of choice for both parties
- Volunteering is beneficial for the organisation and the volunteer.
- Volunteers are unpaid.
- Volunteers are not used to replace paid staff
- Volunteers only carry out activities agreed by both parties
- WIRF will support volunteers by providing orientation, training, recognition and relevant resources e.g. position descriptions.

5. Responsibilities of Volunteer Program Manager and Volunteer Coordinators

5.1 Volunteer Program Manager

The Volunteer Program Manager must ensure Volunteer Policy and Management Processes are developed, implemented and adhered to.

5.2 Volunteer Coordinators

The Coordinators are responsible for ensuring adherence to Volunteer Policies and Processes in their area of control. In particular, ensuring training and orientation is received, OH&S requirements are met and that any risks are dealt with promptly.

The Coordinators are responsible for ensuring on the job training is provided and they may identify further training in consultation with the volunteer and the Program Manager.

The organisational chart is at **Appendix 1**.

6. Recruitment policy

Volunteers come with many different experiences, expectations and skills. It is important to recognise these factors and the differing expectations of volunteers in assessing how they may contribute to the Foundation.

All applicants are to be interviewed by the Volunteer Coordinator or Volunteer Program Manager prior to placement and are expected to commit a minimum of 4 hours per week for a period of 12 months. Interview form is at **Appendix 2**.

All volunteers must complete the application form at **Appendix 3** and forms relating to police and medical checks.

A checklist at **Appendix 4** provides assistance to Volunteer Coordinators in the process of engaging volunteers. A reference check form is at **Appendix 5**.

Once engaged, all volunteers are to be provided with position descriptions.

7. Mandatory Checks

7.1 Medical

Volunteers are required to undergo blood tests to ascertain immunization status. If required, the volunteer must be immunized as directed by the Department of Health. Immunisation is provided free of charge. The relevant form is at **Appendix 6**.

7.2 Police

Volunteers are required to undergo a Police Check at no cost to the Volunteer. The relevant Form at **Appendix 7** must be completed by the Volunteer prior to commencement of volunteering activities.

8. Equal Opportunity & Harassment

In accordance with the relevant legislation, WIRF is committed to equal opportunity and opposed to discrimination. Harassment of any kind will not be tolerated.

Claims relating to EO and Harassment should be reported to the Volunteer Coordinator as soon as possible. All claims will be treated in confidence. Grievance Procedures are at **Appendix 8**.

9. Occupational Health and Safety

The Foundation is responsible for providing a safe and healthy working environment and training and supervision to support safe work practices.

The OH&S policies of King Edward Memorial Hospital can be made available if requested.

10. Insurance

Volunteers are covered by The Foundation's volunteer insurance policy while undertaking approved volunteer work for The Foundation. All volunteers are required to sign in/out of attendance book to record times and dates of duty.

11. Orientation

All Volunteers on engagement are to be provided with an Orientation Handbook (Appendix 9). This includes an overview of the Foundation and its volunteering policies and procedures.

12. Confidentiality

Some specific volunteer roles are required to sign a confidentiality agreement prior to commencement of volunteering activities. Refer to **Appendix 10**.

Personal volunteer records are kept in locked cabinets and the Privacy Act legislation is adhered to.

Hospital and Patient confidentiality must be maintained at all times.

13. Dispute Resolution Procedures

If a dispute arises, the parties involved should attempt to resolve it in the first instance. If this is not successful, the matter should be referred to the Volunteer Coordinator for mediation.

14. Unsatisfactory Work Performance

If the volunteer is unable to fulfill the allocated tasks, the Volunteer Coordinator is to identify more suitable activities with the mutual agreement of the individual or refer the volunteer to Volunteering WA to find a more suitable position.

15. Volunteer Behaviour

All volunteers are expected to act in an appropriate and lawful manner at all times.

If the volunteer displays inappropriate behaviour, the volunteer will be counseled verbally in the first instance. A written report of the conversation is to be made and filed. If the problem continues, the Volunteer Coordinator will provide a written warning. In the event that the matter is not resolved, the Volunteer will be issued with a final written warning by the Volunteer Coordinator.

In the event of dangerous or unlawful conduct, the Volunteer can be dismissed immediately.

16. Evaluation & Continuous Improvement

The Volunteer Program and its related documentation will be reviewed on an ongoing basis to ensure quality improvements are identified and implemented.

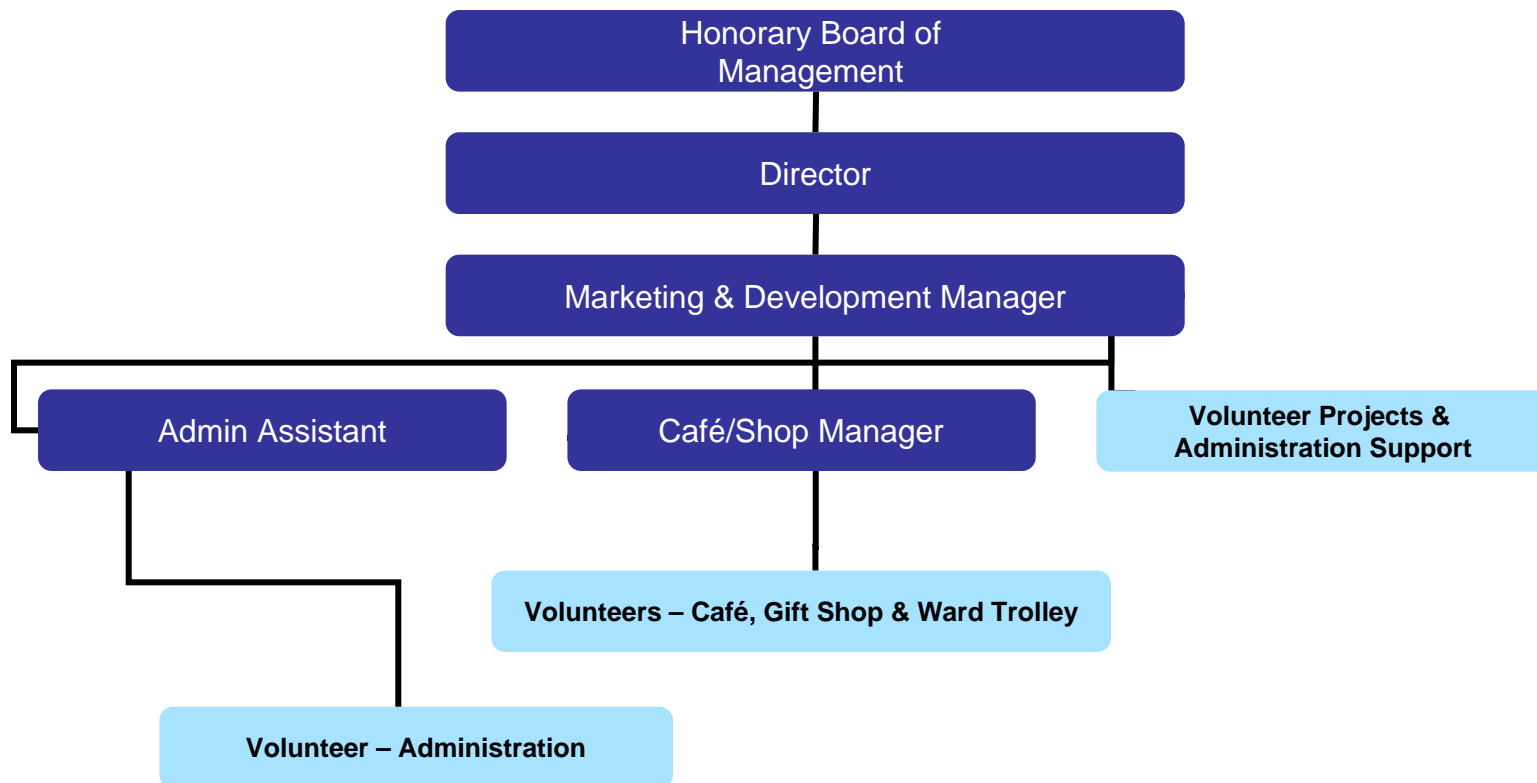
Appendices

1. Organisation Chart & Lines of Accountability
2. Interview Form
3. Application Form
4. Engagement Processes
5. Reference Check Form
6. Health Screening Form
7. Criminal Record Screening Consent Form
8. Grievance Procedures
9. Orientation Handbook
10. Confidentiality Agreement



Volunteer Program

Organisation Chart & Lines of Accountability



RECORD OF VOLUNTEER INTERVIEW Appendix 2

Interviewer		Date	
Volunteer		Telephone	

Review of application form

Discuss information provided on application form and make any necessary changes. Comments:

Other questions relevant to placement

1. What attracted you to this organisation? Is there a particular aspect of our work that interests you?

2. Why have you chosen to volunteer? What would make you feel you have achieved your aim?

3. What have you enjoyed most about previous work opportunities? (both paid and unpaid)

4. Tell me a bit about any particular skills, hobbies or interests you have. What do you believe is the most important thing you can offer our agency?

5. What are your views regarding supervision of your work? How would you like to be supported and supervised?

6. What questions do you have about our organisation?

Selecting a position

Discuss volunteer positions available and check interest, qualifications and availability.

List possible appointments:

Possible start date:

Pass on key information (pack or verbal explanation of selection and induction process)

COMPLETE AFTER INTERVIEW

Interviewer assessment

Appearance: Professional Acceptable Unacceptable

Reactions to questions:

Open, helpful, interested Answered questions only
 Evasive Unsure, confused

Manner:

Confident, friendly, pleasant Shy, reserved
 Unsure, withdrawn, moody Aggressive, antagonistic, suspicious

Interpersonal skills:

At ease with new situation Relatively at ease
 Anxious Uncomfortable

Physical ability:

Recommended action:

Position of _____ offered
 Second interview needed
 Hold in reserve for a _____ position
 Not suitable for WIRF at this time
 Refer back to Volunteer referral service



VOLUNTEER APPLICATION FORM Appendix 3

Contact Details:

Name: _____

Address: _____

_____ Postcode: _____

Telephone: (Home) _____ (Work) _____

Contact in emergency: _____

Telephone: (Home) _____ (Work) _____

References:

Name: _____ Ph: _____

Name: _____ Ph: _____

Volunteer Areas:

Please tick your preference:

Working in the café & kitchen

Working in the Gift Shop

Ward trolley – taking the trolley of goods for sale to patients in wards in hospital

Working in Administration/ Baby Photography / Marketing

Availability:

What days/times are you available for volunteer work?

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
PM							

Parking Permit:

To enable us to provide you with free parking in the volunteer parking area please fill in the following details;

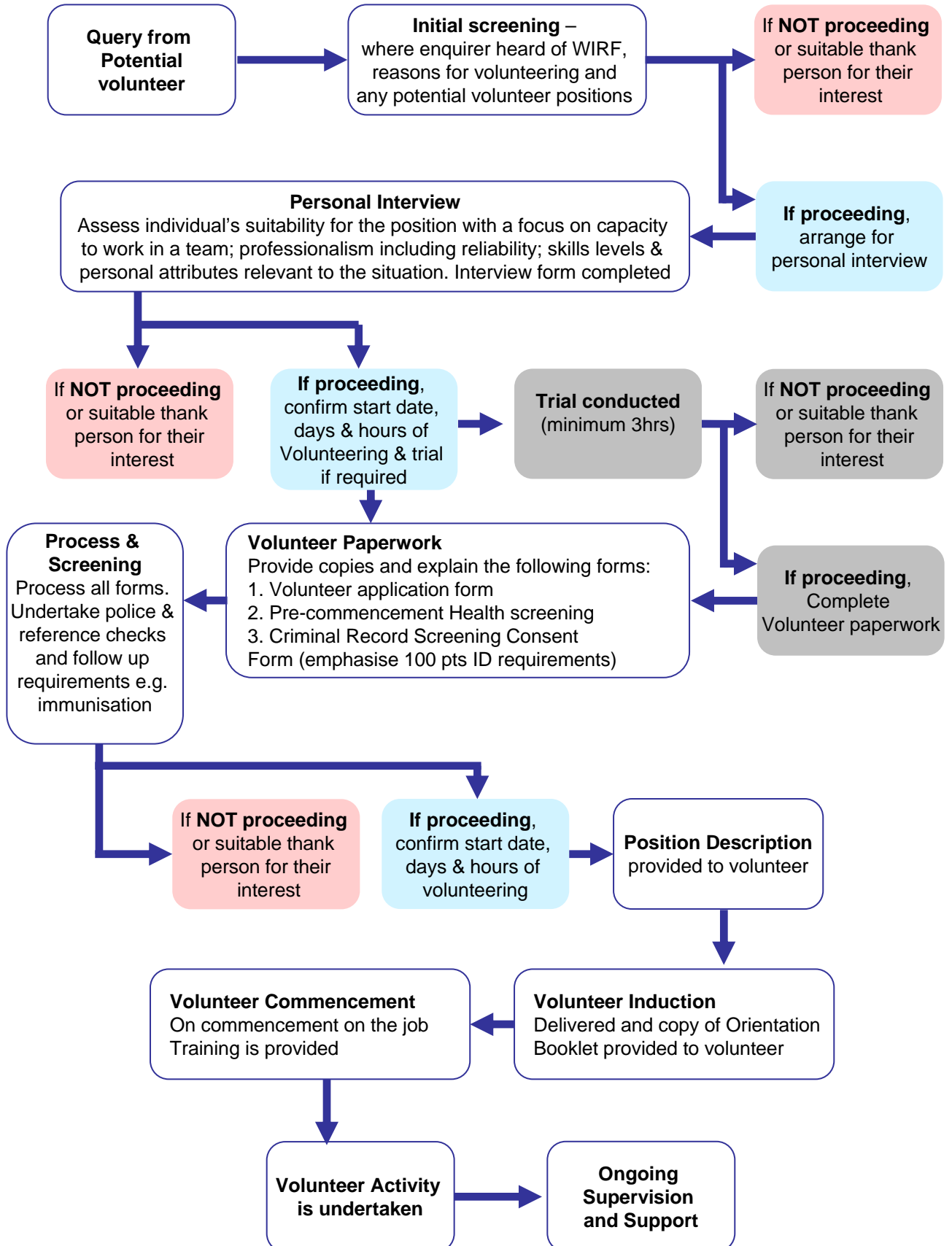
Car Make: _____ Model: _____ Registration: _____

Signed: _____ Date: _____



Volunteer Program

Volunteer Engagement Process



Name of Applicant	
Name of Referee	

Explain why you are calling, what WIRF does and what the volunteer position entails.

Identify the Relationship between referee to applicant

Q1. How long have you known _____ and in what capacity?

Q2. Can you please comment on the skills and characteristics which _____ may have which might be suitable for this position?

Q3. Can you please comment whether _____ would be comfortable working in a team and accepting supervision and direction.

Q4. Would you recommend _____ for this position?

Q5. Is there anything else you'd like to add in regards to _____ application?

Reference taken by

Signature

Date

Infection Control office use only

Vaccination required & offered Did not perform blood test

Cleared by Inoculation Nurse _____ Date ___/___/___



Women's and Children's Health Service



VOLUNTEERS WIRF

PRE-COMMENCEMENT HEALTH SCREENING

The purpose of this questionnaire is to :

Ensure that prior to commencement of volunteer work, your immunisation status is checked and screening requirements are done for the protection of yourself and patients at this hospital.

Should you have any questions please contact the Staff Inoculation Nurse
9340 8190 (PMH) or 9340 8222, pager 2711

Section 1

ABOUT YOU

Family name _____

Given name(s) _____

Address _____

Contact telephone () _____

Date of birth ___ / ___ / ___

Proposed work area _____

Anticipated start date ___ / ___ / ___

Section 2 IMMUNISATION REQUIREMENTS

PLEASE READ CAREFULLY

To determine if you are protected against **rubella**, **measles** and **chicken pox** infection, you will be required to have a blood test here at this hospital. You will not be charged for the cost of the blood test. Before commencing volunteer work, you must attend the KEMH Pathology Specimen Reception area for your blood test. No appointment is necessary. If you are found not immune to measles, rubella or chicken pox, the Staff Inoculation nurse will offer you free vaccination. Please attend;

Haematology specimen reception
Pathology Building, Level 4
Mon - Fri 8.30am to 4.30 pm
(See site map at back of form)

We cannot accept your immunisation card as proof that you are immune.
The Volunteer Coordinator will give blood test results to you

Please answer by ticking the box.

2.5 Tuberculosis

- What is your country of birth? _____
- If you have travelled recently, within the last 12 months, where did you travel to?

- Have you ever had or been in contact with Tuberculosis? Yes No
*If you have ticked 'yes' to this question, the Inoculation nurse will contact you
For further assessment*
- Have you every had a Tuberculosis vaccination (called BCG)? Yes No
- Have you ever had skin test to check for Tuberculosis called **Mantoux or heaf test?** Yes No
If you have ticked 'yes' to this question, please attach a copy.

****NB** If the Inoculation Nurse deems it necessary, you will be asked to attend free testing for Tuberculosis disease at the Perth Chest Clinic

2.6 Hepatitis A

Hepatitis A is a disease that harms the liver and this disease can be passed from person to person by food or water that has been contaminated with faeces. General measures to prevent hepatitis A include good personal hygiene such as handwashing after using the toilet, taking someone to the toilet or changing a soiled nappy and before eating meals. Vaccination is **not** recommended for volunteer work at the hospital but if you wish to be immunised, the vaccine is available from your doctor.

Have you been immunised?

Yes No

2.7 Hepatitis B

Hepatitis B is a disease that harms the liver and the disease is passed through blood and other body fluids. If you have contact with a person's blood or body fluids into your eyes, mouth, or break in your skin, you may be at risk for hepatitis B. Volunteer work will **not** put you in this risk category and vaccination is not recommended. Contact the Staff Inoculation Nurse if you require further information and/or wish to be immunised ☎ (08) 9340 8190 or 9340 8222, pager 2711.

Have you been immunised?

Yes No

Section 3 Laboratory Screening requirements

3.1. Multiple Resistant *Staphylococcus aureus* (MRSA) screening.

This germ may be present on your skin and may be harmful to unwell patients. We need to confirm you do not carry the germ. Screening involves the taking of swabs from the nostrils. If you carry this germ, volunteer work may commence after treatment is given to you to eliminate this germ

Have you worked in, been a volunteer or a patient in a hospital **OUTSIDE Western Australia** in the past twelve (12) months ? Yes No

If you have ticked **YES**, Please provide details of the hospital :

Name of Hospital:

Address:

.....

**IF YOU HAVE TICKED YES, PLEASE CONTACT THE
STAFF INOCULATION NURSE ☎ (08) 9340 8190..**

Section 4 Signature

SIGNATURE _____

DATE ___ / ___ / ___

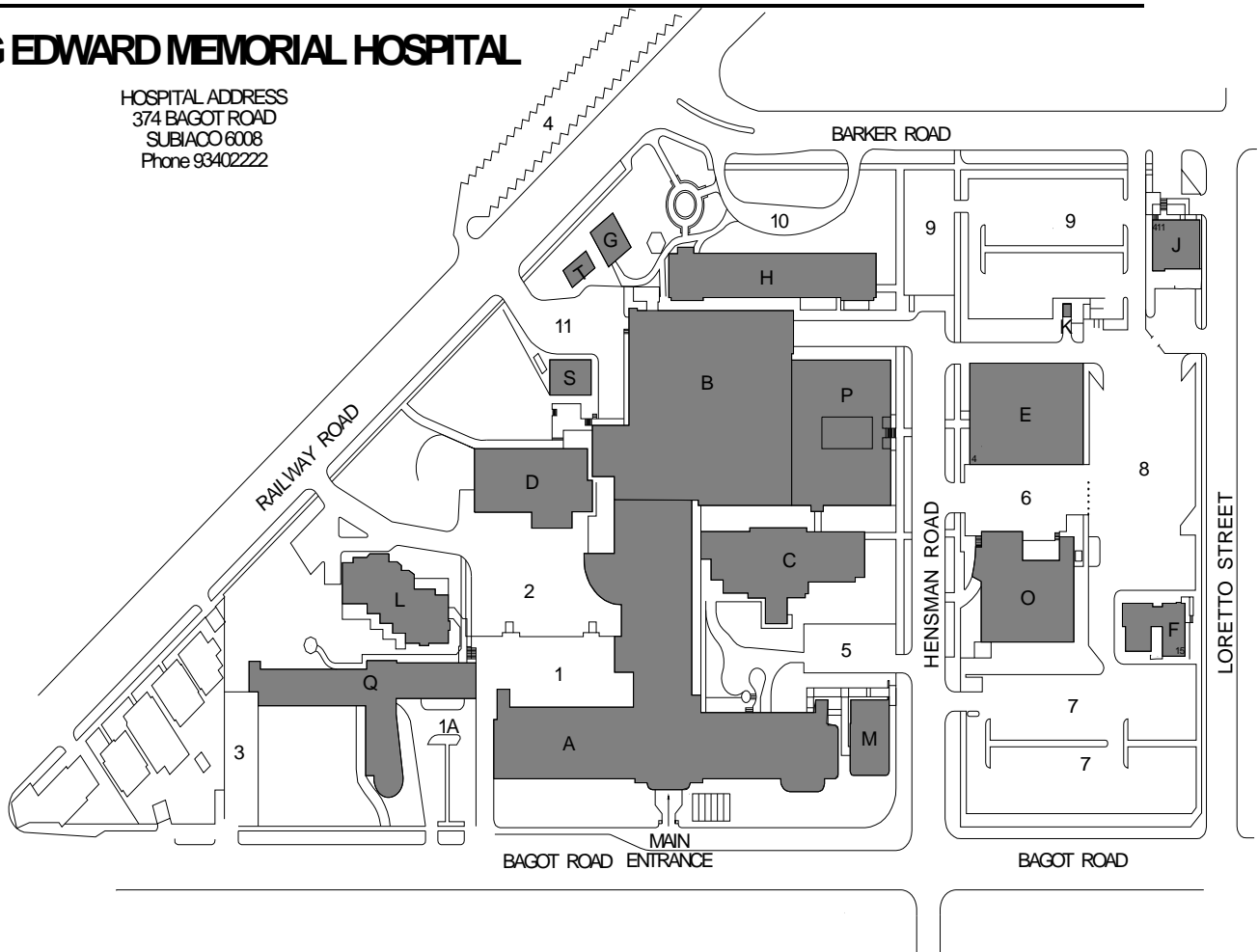
Section 5 Where to send this form)

Send completed form to : **Volunteer Coordinator (WIRF)
 Women's & Children's Research Foundation
 King Edward Memorial Hospital
 GPO Box 134 Subiaco WA 6904**

This form **will be filed in your Personal File** located in the Volunteers Office.

KING EDWARD MEMORIAL HOSPITAL

HOSPITAL ADDRESS
 374 BAGOT ROAD
 SUBIACO 6008
 Phone 93402222



BUILDINGS

- A A BLOCK
- B B BLOCK
- C CENTENARY BUILDING
- D CARSON HOUSE
- E PHYSICAL RESOURCES DEPT.
- F F BLOCK
- G GROUNDS BUILDING
- H HARVEY HOUSE

- J J BLOCK
- K STORE
- L FAMILY BIRTH CENTRE
- M CRECHE
- O O BLOCK
- P PATHOLOGY BUILDING
- Q AGNES WALSH HOUSE
- S GENERATOR HOUSE
- T FLAMMABLE GOODS STORE

CARPARKS

- 1-5 STAFF - PERMITS ONLY
- 6 VISITOR'S PAY AND DISPLAY PARKING
- 7-11 STAFF - PERMITS ONLY

(D) CRIMINAL RECORD SCREENING (continued)**CRIMINAL HISTORY RECORD INFORMATION**

1.) Do you have any adult convictions or findings of guilt in relation to any offence that are NOT protected by Commonwealth, State, or Territory spent convictions legislation or information release policies?
 Yes No (If you answered YES please attach details on separate sheet.)
2.) Are you the subject of any criminal or traffic charges (not including parking infringements) that are still to be determined or finalized?
 Yes No (If you answered YES please attach details on separate sheet.)

YOU MUST SIGN THIS CONSENT FORM OR IT WILL BE RETURNED.

I hereby authorise the Health Corporate Network to deduct from my salary/wages a criminal record checking fee of \$33.00 which comprises of a fee payable to the National Name Checking Service and administrative fee.

Name

Telephone Number

Date

ACCEPTABLE IDENTIFICATION FOR THE PROVISION OF SERVICES WITHIN THE DEPARTMENT OF HEALTH.

You must submit photocopies of documentary evidence of Identification to the value of 100 points (1) together with the Criminal Record Screening Consent Form prior to commencing employment within the Department of Health. Where you have changed your name (ie through marriage or deed poll) evidence must be produced to support this.

Name of the person who has sighted the original documentation (2):

Contact Number :

(1) For more information about the documents necessary to achieve 100 points click [Here](#)

(2) For more information about the persons who can witness the documents click [Here](#)

(E) CHECKLIST

Before you forward this Consent Form to the Criminal Records Screening Unit for processing please tick the boxes provided below to ensure all relevant documentation is attached. An incomplete Consent Form will be returned to YOU.

- Consent Form completed and signed;
- Photocopies of Documentary evidence that has been signed by the person who has sighted the originals;
- Name and contact number of the person signing the photocopies

A grievance is a statement of complaint and some examples include:

1. Work related disputes
2. Disagreement about disciplinary issues
3. Inappropriate behaviour such as bullying
4. Breakdown in communication

Steps to address a grievance:

1. The volunteer should in the first instance discuss their concerns with their Coordinator.
2. If the matter cannot be resolved, then a meeting should be held with the volunteer, their Coordinator and the Marketing and Development Manager who is responsible for WIRF's volunteer program.
3. The Marketing and Development Manager is to prepare a written document detailing the outcome of the meeting; any follow up matters and setting a date to review the action plan.
4. If as a result of the review meeting, the matter is still not resolved the Marketing and Development Manager can ask the volunteer to leave the organisation. This request will be given verbally and in writing by the Marketing and Development Manager.
5. Should the volunteer disagree with this decision, they can write to the Director, Women and Infants Research Foundation, requesting that the decision be reconsidered.
6. Should the decision be overturned by the Director, the volunteer will be reinstated with a clear management plan to address any ongoing issues, with dates for regular review in place.
7. Should the Director support the decision of the Marketing and Development Manager, the Director will advise the volunteer in writing that their engagement with WIRF is terminated.



PRIVACY & CONFIDENTIALITY AGREEMENT FORM Appendix 10

This form is to be signed by volunteers before undertaking volunteer services for The Women & Infants Research Foundation (WIRF).

While you are a volunteer of WIRF you may be privileged to learn of information that must be kept private and confidential

Confidential information includes:

- All information you become aware of in respect of the Hospital and its patients and staff. The names and personal details of patients are not to be discussed outside of the work environment or with personnel who are not connected to the Foundation.

It is your responsibility to maintain the privacy and confidentiality of patients and WIRF at all times. Failure to do so constitutes a breach of this agreement.

I, _____ have read the

above statements and agree to keep private and confidential all information relevant to The Women & Infants Research Foundation & hospital staff and patients.

Signature of volunteer _____

Signature of witness _____

Date _____