

Bendigo Health aims to support the best volunteering and health care experience for all students participating in our School Holiday Program.

To help us to make your experience one that best supports your wants and needs, we ask that you provide your top three areas of interest, the areas you wish to learn more about and gain experience in during your three days of volunteering at Bendigo Health:

Name:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participating date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of your school:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Clinical Area of Interest:** | | |
| Emergency Department | Wards | Discharge Lounge |
| Women’s Clinics | Specialist Outpatient Clinics | Day of Surgery Admissions |
| Palliative Care | Residential Aged Care |  |
|  |  |  |
| **Non-Clinical Area of interest:** | | |
| Volunteer Services | Fundraising and Foundation | People and Culture |
| Education | Corporate Affairs |  |

Please note that in an organisation with many moving parts, each day our environment changes based on the current cohort of patients, staffing changes and many other factors outside our control which makes it difficult for us to guarantee your areas of preference above, we will endeavour to do our best and we thank you for your understanding.

Please return this document with your application and vaccination evidence to [volunteers@bendigohealth.org.au](mailto:volunteers@bendigohealth.org.au)