



ST ANDREW'S HOSPITAL FOUNDATION INC.
MEDICAL & SURGICAL EXCELLENCE

350 South Terrace
Adelaide SA 5000
GPO Box 1299
ADELAIDE SA 5001

Telephone 08 8408 2483
Facsimile 08 8408 2015
www.stand.org.au

ABN 44 247 183 430

Thank you for your interest in volunteering at St Andrew's Hospital. Please complete the following registration form and return it to the Volunteer Coordinator.

Personal details

First Name _____ Surname _____
Address _____
_____ Postcode _____
Email _____
Phone (H) _____ (W) _____ (M) _____

PATRON

Hon Dr Basil Hetzel (AC)

TRUSTEES

Mr Robert Kidman
(Chairman)

Rev Don Catford

Mr David Klingberg

Mr David Seaton

Ms Mary Walters

Dr Mary White

Emergency contact details

Name & relationship _____
Emergency phone _____

The below questions are not compulsory, however can assist with information gathering in matching you with an appropriate volunteer position.

Do you hold a current drivers license? Y / N

Your age: 15-17 years 18-25 years 26-35 years
 36-50 years 51+ years

Current / previous volunteer work

Company _____
Position held _____
Duties involved _____
Held from _____ to _____

Why are you interested in volunteering at St Andrew's Hospital (brief explanation required)?

What days are most suitable for you?

Monday Tuesday Wednesday
Thursday Friday Saturday Sunday

A.M. or P.M. _____

Angiography Suite
Breast Clinic
Cancer Services
Coronary Care Unit
Day Surgery
Emergency Department
High Dependency Unit
Intensive Care Unit

Cardiology
Colo-rectal Surgery
Gastroenterology
General Surgery
Gynaecology
Medical
Oncology
Ophthalmology
Orthopaedics
Otorhinolaryngology
Paediatrics
Plastic Surgery
Radiology
Urology
Vascular Surgery