



VOLUNTEER ROLE DESCRIPTION

VOLUNTEER ROLE	Activity Assistant – BSL Clifton Hill Aged Care
PROGRAM	Residential Aged Care
DIRECTORATE	Aged Care
REPORTS TO	Program Coordinator
VOLUNTEER HOURS	Negotiable

ORGANISATIONAL PURPOSE

The Brotherhood of St Laurence (BSL) employs over 1200 staff and is supported by approximately 1200 volunteers. Our work is focused in Melbourne and Victoria but branches out through our partners to every state and territory in Australia.

In contemporary Australia, poverty and disadvantage have a strong geographic dimension. The focus of our work is increasingly on places as well as groups of people experiencing hardship such as early school leavers and the unemployed. We create programs which prevent and alleviate poverty during four key life transitions: childhood, adolescence, midlife and retirement.

One of our priorities is to work with state and federal governments and other community organisations to scale up our successful programs. The Brotherhood's approach is informed by the best evidence, including the work of our own research and policy department.

PROGRAM PURPOSE

BSL Clifton Hill Aged Care is a purpose built, 114-bed aged care residence providing residential care for older people in an environment that is responsive to the needs of each individual and fosters maximum resident independence and autonomy. BSL Clifton Hill Aged Care offers quality care and friendship in a warm and welcoming environment.

POSITION PURPOSE

We are currently seeking reliable and empathetic individuals with strong communication skills to be involved in one on one and group socialisation activities with our residents.

ROLE TASKS

- Providing companionship and communicating with the residents
- Assisting with lifestyle activities such as but not limited to:
 - a. Walking groups
 - b. Barbecues
 - c. Parties and functions
 - d. Group discussions
 - e. Outings

WE ARE LOOKING FOR

We are looking for someone with:

- Reliability and good communication skills, empathetic and patient
- A genuine commitment and interest in working with older people
- Ability to work well with others and take instruction
- High level of patience, compassion and an understanding of issues affecting older people
- Ability to use initiative and be responsive in situations
- Understanding of and willingness to promote and work within the values and ideals of the Brotherhood.

ORGANISATIONAL RELATIONSHIPS

Internal Liaisons: Brotherhood volunteers, employees and BSL Clifton Hill Aged Care residents

External Liaisons: Members of the public including residents' visitors

CONDITIONS OF VOLUNTEER INVOLVEMENT

1. This role requires police, Working with Children and Disability Worker Exclusion Scheme checks as well as an Aged Care Statutory Declaration. Your volunteer role will not begin until the necessary checks are complete.
2. Volunteers are requested to take responsibility for their own and others' workplace health and safety and to adhere to policies which keep the Brotherhood of St Laurence a workplace committed to equal opportunity, free from discrimination and harassment.
3. All Brotherhood volunteers must be eligible to volunteer in Australia.

AGREEMENTS

I understand that I am a volunteer who contributes my time and effort without expectation of remuneration.

I understand that as a volunteer I am required to adhere to Brotherhood of St Laurence policies, procedures and the code of ethical behavior.

In the event of injury sustained in performing my volunteer role I understand that I can make a claim against the Brotherhood of St Laurence's insurance policy for 85% of my non-Medicare costs up to the relevant policy maximums. Activities taken on my own initiative outside of this role are at my own risk.

I undertake to keep all personal or sensitive information about customers and participants, other volunteers and the BSL team in the strictest confidence by only discussing such details within the bounds necessary to undertake my duties and responsibilities as a volunteer with the Brotherhood of St Laurence.

Volunteer Name: _____

Volunteer Signature: _____

Date: _____

Supervisor Name: _____

Supervisor Signature: _____

Date: _____