
Strategies to improve volunteer engagement in Australian hospitals and healthcare charities

HOSPITALS & HEALTH CHARITIES

Abstract

Australian hospitals and healthcare charities don't have a volunteer goodwill problem. They have a capacity problem.

Every volunteer who works near patients, and especially near children, has to be screened, credentialed, trained and tracked before their first shift and for every shift after. When that work runs through inboxes and spreadsheets, coordinator time runs out before volunteer interest does.



This paper argues that compliance load is now the binding constraint on health volunteer programs, and that centralising screening, onboarding, scheduling and reporting is how leading Australian health organisations are getting that capacity back.



Executive summary

01 The volunteer pool is smaller and working harder.

Formal volunteering in Australia has fallen from 36.2% of people in 2010 to 22.6% in 2025, yet total hours rose from 490 million in 2020 to 618 million. Fewer people are carrying more of the load, which makes every lost volunteer more costly.¹

02 Compliance is where coordinator time goes.

Health volunteers need Working With Children Checks across eight separate state and territory schemes, police checks, vaccination records and role-specific training, each with its own expiry date. Managed manually, that work crowds out recruitment and engagement.

03 Centralising the program gives capacity back.

Australian health organisations using Rosterfy, including Sydney Children's Hospitals Foundation and Children's Hospital Foundation, have replaced inboxes and spreadsheets with one system for screening, onboarding, scheduling and reporting.²

04 Volunteer data is now a leadership asset.

When volunteering, fundraising and compliance data sit in one place, volunteer managers can prove impact to boards, funders and auditors instead of rebuilding reports by hand.

SOURCES

1. ABS General Social Survey 2025, via Volunteering Australia, May 2026

2. Rosterfy customer case studies

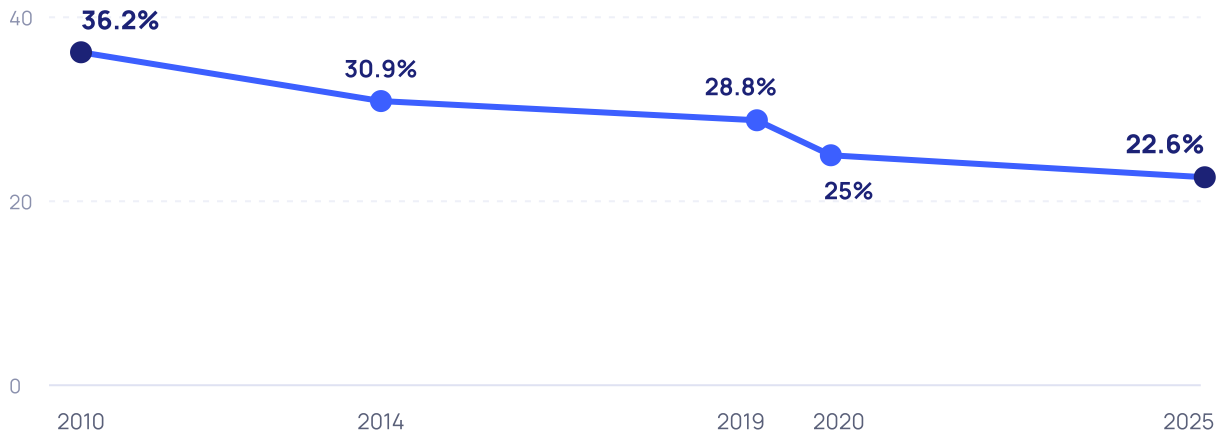
Fewer volunteers, carrying more of the load

Australia's volunteer workforce has shrunk by more than a third in fifteen years, and the people who remain are doing more.

Formal volunteering fell from 36.2% of Australians aged 15 and over in 2010 to 22.6% in 2025. Over the same 2020 to 2025 window, total hours volunteered through organisations rose from 490 million to 618 million.¹

Formal volunteering in Australia has fallen by more than a third since 2010

Share of Australians aged 15+ volunteering through an organisation, 2010 to 2025: down 13.6 points



ABS General Social Survey, via Volunteering Australia GSS 2025 report (May 2026) - 2010 to 2025

22.6%

VOLUNTEERED FORMALLY IN 2025, DOWN FROM 36.2% IN 2010

618m

HOURS VOLUNTEERED IN 2025, UP FROM 490M IN 2020

SOURCES

1. ABS General Social Survey 2025, via Volunteering Australia, May 2026

For hospitals and healthcare charities, three findings from the same survey matter most:

4.3%

VS 33.3% SPORT

Health competes for a small slice.

Only 4.3% of formal volunteers give their time to health or mental health organisations, against 33.3% for sport and recreation.

47%

57.7% AGED 25-44

Time is the main barrier.

Among Australians who don't volunteer formally, 47% say they have no time. That rises to 57.7% for people aged 25 to 44.

15.6%PAID OUT OF
POCKET**Compliance costs volunteers too.**

15.6% of formal volunteers paid out of pocket for memberships, licences or mandatory checks, and most expenses go unreimbursed.

Volunteering Australia also flags that the 2026 fuel crisis has put new cost pressure on volunteers and on transport-heavy services, which the 2025 data predates.¹

THE IMPLICATION

A health volunteer program can't grow by recruiting harder into a shrinking pool. It grows by keeping the volunteers it already has and by removing every hour of friction between a volunteer saying yes and turning up for a shift.

**SOURCES**

1. ABS General Social Survey 2025, via Volunteering Australia, May 2026

Where coordinator time actually goes

In a hospital or health charity, most volunteer coordinator hours go to proving a volunteer is safe to place, not to placing them. A single ward or event volunteer can carry several time-limited credentials, each tracked separately:

REQUIREMENT	WHY IT CREATES ADMIN
Working With Children Check	Eight separate state and territory schemes, with validity ranging from two to five years depending on jurisdiction (state comparison)
National police check	Required for most patient-facing and fundraising roles; renewal cycles set by each organisation
Immunisation evidence	Many health services require proof of vaccination status before a volunteer enters a clinical setting
Role-specific training	Infection control, confidentiality, child safety and manual handling modules, each with its own refresh date
Signed agreements	Volunteer agreements, confidentiality undertakings and photo consents, re-signed when policies change



The rules are tightening, not loosening.

In November 2025, all Australian governments endorsed an agreement to deliver national WWCC reform. In July 2026, attorneys-general agreed on nationally consistent baseline offences and assessment criteria, with implementation expected by late 2026. The Commonwealth has also committed \$37 million to a National Continuous Checking Capability that will monitor check holders' criminal history in near-real time.^{3,4}

SOURCES

3. Attorney-General's Department, 31 July 2026

4. House of Representatives Hansard, 20 August 2026

National reform improves consistency, but it doesn't create a single national card. Organisations working across state lines will still verify against each jurisdiction's scheme, and continuous checking means a volunteer's status can change between shifts.



Privacy exposure has grown too.

Since 10 June 2025, individuals have had a new legal right to sue for serious invasions of privacy (a statutory tort), without first going through the privacy regulator. Draft legislation for the next tranche of Privacy Act reform was released in August 2026.^{5,6} Volunteer records hold exactly the identity, health and screening data these reforms target.

IN FORCE SINCE

**10 June
2025**

RIGHT TO SUE FOR
PRIVACY BREACHES

THE IMPLICATION

Every credential tracked in a spreadsheet is a compliance risk and a lost hour. Automating the tracking, expiry reminders and audit trail is where capacity is recovered first.



SOURCES

5. Corrs Chambers Westgarth, 2025

6. Helios Salinger, updated August 2026

One system for the whole volunteer program

The Australian health organisations getting capacity back have one thing in common: they stopped running volunteering across inboxes, spreadsheets and separate tools. A centralised volunteer management system puts recruitment, screening, training, rostering, communication and reporting in one place, so a coordinator can see who is cleared, who is booked and who is about to lapse without opening five files.

ORGANISATION	SETTING	WHAT'S ON RECORD
Children's Hospital Foundation (QLD)	Hospital foundation	Replaced spreadsheets and email with automated recruitment, onboarding and screening. ²
Sydney Children's Hospitals Foundation (NSW)	Hospital foundation	Nearly 7,000 volunteers coordinated through Rosterfy; over \$100 million raised in 12 months, largely through volunteer-supported events. ²
Starlight Children's Foundation (national)	In-hospital children's charity	Volunteer team reduced from 3 to 1.5 FTE while events and volunteers recruited grew by around 150%. ²
Cancer Council Victoria	Health charity	Daffodil Day run across 250 sites with 1,800 volunteers; the equivalent of 1.5 full-time roles removed from the campaign. ²
Lifeline Australia (national)	Mental health charity	50% reduction in volunteer application admin and 3x faster application processing. ²
Perth Children's Hospital Foundation	Public hospital	<i>"From a People and Culture perspective, the policy and compliance features of Rosterfy ensure best practice. But what truly sets Rosterfy apart is its ability to enhance the volunteer experience through engagement and recognition. We want our volunteers to feel included, much like our staff, by providing clear communication, rewarding their contributions, and fostering long-term retention."</i> Leona Mill, People and Culture Manager, Perth Children's Hospital Foundation ⁹
Very Special Kids (VIC)	Children's hospice	<i>"We were looking for a purpose-built solution that could help us relieve some of the administrative burden, streamline onboarding, and ultimately enhance the experience for every volunteer. Rosterfy ticked all those boxes—and more."</i> Anna Taylor, Manager of Volunteer Services ⁸
Make-A-Wish New Zealand	Wish-granting children's charity	<i>"Finding a fit-for-purpose volunteer management solution was essential for us. With Rosterfy, everything we need now sits in one central place. The ability to automate actions across the entire volunteer journey means our team can focus on scaling the program and serving our community, while delivering a far more engaging and user-friendly experience for our volunteers."</i> Lisa Pillai, Volunteer Support Lead, Make-A-Wish New Zealand ¹⁰

SOURCES

2. Rosterfy Customer Case Studies: <https://www.rosterfy.com/au-en/case-studies/>

8. Rosterfy, [Very Special Kids selects Rosterfy to power their volunteer management](#)

9. Rosterfy, [Client announcement: Perth Children's Hospital](#)

10. Rosterfy, [Client announcement: Make-A-Wish New Zealand](#)



Rosterfy's automations have made my life so much easier! I've gone from emails back and forth and populating data in spreadsheets to the whole process being automated.

Ashleigh Corsetti
People & Culture Advisor, Children's Hospital Foundation

[READ THE CASE STUDY](#)

What centralising changes in practice:



One profile per volunteer. A volunteer registers once and can be placed across wards, sites, events and fundraising campaigns without re-uploading documents.



Live visibility. Coordinators know who is on site, who is cleared and who is due for renewal, across every location.



Fewer hand-offs. Volunteering, fundraising and people and culture teams work from the same record.

THE IMPLICATION

Centralisation is what turns a growing program from a staffing problem into a scaling advantage. The same team can support more sites, more events and more volunteers.

Automated onboarding, step by step

Automated onboarding moves each applicant through a fixed set of checkpoints, so nobody reaches a ward or a child without every requirement met and recorded. A typical health onboarding journey in Rosterfy runs like this:

01

Apply once, online. A short, mobile-friendly application captures identity, availability and role preferences. Eligibility questions route applicants to the right role from the start.

02

Screen and interview. Rule-based screening shortlists applicants automatically; interviews are booked through integrated calendar and video tools.

03

Verify checks and credentials. WWCC, police check and immunisation evidence are captured against the volunteer's profile, with expiry dates recorded. Background check integrations reduce manual entry.

04

Train and induct. Infection control, confidentiality and child safety modules are assigned by role and completion is tracked.

05

Sign and approve. Volunteer agreements and consents are signed digitally and stored with the record.

06

Stay compliant after day one. Automated reminders go out before any credential expires, and a volunteer can be blocked from booking shifts until it is renewed.

Step 6 is where most manual programs fail. Initial screening gets done; renewals get missed. With national continuous checking coming, status can change mid-year, so compliance has to be monitored, not just collected.

WHAT THIS DELIVERS



Lifeline Australia cut volunteer application admin by 50% and processes applications three times faster.²

[READ THE CASE STUDY](#)**50%**LESS
APPLICATION
ADMIN**3x**FASTER
PROCESSING

THE IMPLICATION

Faster onboarding is a retention lever, not just an efficiency one. Every extra week between applying and starting is a week for an applicant to lose interest.



SOURCES

2. Rosterfy customer case study: Lifeline Australia

Keeping volunteers once they're cleared

A compliant volunteer who drifts away after three shifts is the most expensive kind. Every hour spent screening them is lost. Retention depends on three things health organisations can control: the right shift, a reason to come back, and an easy way to do both.



Match the person to the shift.

Capture skills, credentials, availability and preferences at onboarding, then use them. Self-service rostering lets cleared volunteers book only the shifts they are eligible for, and coordinators fill gaps without a phone tree.



Keep the conversation two-way.

Two-way messaging, shift reminders and a volunteer portal with news, training and rosters keep volunteers informed between shifts. Ask for feedback after placements, not just at an annual survey.



Recognise contribution visibly.

Hours milestones, service anniversaries and certificates cost little and are easy to automate once hours are tracked in one system.



Recruiting the next generation

Only 16.4% of Australians aged 15 to 24 volunteered through an organisation in 2025, and 13.1% of 25 to 34 year olds. Half of all formal volunteers (50.3%) first got involved because someone they knew asked them.¹



For health organisations, that points to four practical moves:



Offer shorter commitments. Event, project and campaign roles let time-poor people contribute without signing up for a weekly ward shift.



Make it mobile. Finding, booking, checking in and completing training from a phone is now the baseline expectation. The Rosterfy Volunteer App supports this.



Frame the skills on offer. For students and early-career health workers, patient-facing volunteering is experience worth putting on a CV. Say so.



Turn volunteers into recruiters. Since word of mouth drives half of all sign-ups, make it easy for existing volunteers to share roles with friends.

THE IMPLICATION

Retention and recruitment run on the same data. Once credentials, hours and preferences sit in one profile, personalising the experience stops being extra work.

SOURCES

1. ABS General Social Survey 2025, via Volunteering Australia, May 2026

Volunteering and fundraising in one view

In Australian health charities, volunteers don't just support care. They power the fundraising that pays for it. Daffodil Day, Starlight Day and hospital foundation appeals all depend on thousands of volunteers working across hundreds of sites on a single day.

When volunteer and fundraising systems are separate, three things break:



Duplicate records. The same supporter exists as a volunteer in one system and a donor in another.



Lost recognition. A volunteer who also fundraises or donates is thanked twice, or not at all.



Weak reporting. Boards and funders can't see the full contribution of a supporter or a campaign.

Rosterfy integrates with fundraising and CRM platforms so volunteer activity and fundraising data can be reported together.

ROSTERFY INTEGRATION PARTNERS



blackbaud®

HubSpot



Microsoft
Dynamics 365

THE IMPLICATION

The strongest case for investing in volunteering is often a fundraising case. Linking the two makes that case visible.

SOURCES

2. Rosterfy customer case studies: Cancer Council, Starlight Children's Foundation

Data security, privacy and Australian hosting

Volunteer records in health settings hold identity documents, screening outcomes, immunisation evidence and sometimes health information about the volunteer. **That makes the volunteer system part of the organisation's privacy risk, not separate from it.**

With individuals now able to sue directly for serious privacy breaches and the next tranche of Privacy Act reform in draft, the questions to ask any volunteer management provider are straightforward:



Where is the data stored?

Rosterfy hosts Australian customer data on AWS infrastructure in Australia.



How is it certified?

Rosterfy is SOC 2 and ISO 27001 certified, providing the highest standards of data security.⁷



Who can see what?

Role-based permissions should limit sensitive screening and health data to the staff who need it, across every site.



Can you prove it?

Audit trails should show who checked a credential, when, and what changed.

Good practice inside the organisation matters as much as the platform: encrypt data, restrict access by role, retire records you no longer need, and audit access regularly.

THE IMPLICATION

Consolidating volunteer data into one secure, Australian-hosted system reduces risk compared with the same data scattered across inboxes, shared drives and spreadsheets.

SOURCES

7. Rosterfy, [Data Security & Compliance](#)

Measuring impact and making the case to leadership

Volunteer programs win investment when they report like any other part of the organisation. That means a small set of measures, tracked continuously rather than rebuilt by hand each quarter.

MEASURE	WHAT IT TELLS LEADERSHIP
Time to start (application to first shift)	How much interest is lost to process
Compliance currency (% of active volunteers with all credentials in date)	Exposure to safeguarding and audit risk
Shift fill rate and attendance	Whether the program reliably supports services
Volunteer retention at 3, 6 and 12 months	Return on screening and training spend
Hours contributed and replacement value	The program's economic contribution
Funds raised through volunteer-supported activity	The program's contribution to revenue
Coordinator hours spent on admin	Capacity available for engagement and growth



Building the business case

The barriers to adopting a new system are rarely technical. They are budget, competing priorities and change fatigue. The organisations that move fastest:

01

Start from the risk. Lead with compliance currency and safeguarding exposure, then show the efficiency gain.

02

Quantify coordinator time. Measure hours spent on admin today; most programs have never counted them.

03

Involve every team that touches volunteers. Volunteering, fundraising, people and culture, IT and clinical leads all need a say early.

04

Find champions. Train a few confident users who can support their peers through rollout.

05

Show early wins. Pick the highest-volume onboarding cohort or a single campaign first, and report the result.

06

Agree support upfront. Be clear with your provider about how much help you need during rollout and after.



Rosterfy's ROI calculator and business case template can help put numbers to steps 1 and 2.

[TRY THE ROI CALCULATOR](#)

THE IMPLICATION

When coordinator time and compliance risk are measured, the case for investing in volunteering becomes a governance decision, not a discretionary one.

Where to start

The right first step depends on how your organisation is structured.

Hospitals and health services.

Volunteering usually sits inside a larger workforce, privacy and procurement environment.

- Start with compliance: map every credential each volunteer role requires, and where it is tracked today.
- Bring IT, privacy and procurement in early. Data residency, security certification and integration questions will decide the timeline.
- Pilot one site or service before rolling out across a network.

Hospital foundations and national health charities.

Volunteering spans in-hospital roles, events and fundraising campaigns, often across states.

- Start with your highest-volume moment: an appeal day, a flagship event or a peak onboarding period.
- Connect volunteering and fundraising data from day one so the business case reports both.
- Standardise onboarding across states while allowing for each jurisdiction's WWCC scheme.

Smaller and single-site health charities.

The same team often runs volunteering, events and community engagement.

- Start by automating the application-to-first-shift journey, where admin hours are easiest to measure.
- Use the time saved to build recognition and retention, not just to recruit more.

Conclusion

Australian hospitals and health charities are asking a smaller, busier volunteer workforce to do more, under tighter safeguarding and privacy rules than ever. **The organisations keeping up aren't recruiting harder.** They're removing the admin between a volunteer saying yes and showing up, and keeping that volunteer compliant and engaged after day one.

Centralising screening, onboarding, scheduling, engagement and reporting is how children's hospital foundations, national health charities and hospitals across Australia are getting coordinator time back, and putting it into the people and patients their programs exist to serve.



See how it works for your program.

Book a demo and we'll walk through your current onboarding and compliance journey with you.

[REQUEST A DEMO](#)

About Rosterfy

Rosterfy is volunteer management software built in Melbourne and used by hospitals, hospital foundations and health charities across Australia to recruit, screen, roster and retain volunteers, with Australian data hosting and ISO and SOC 2 certified security.

[Visit our website](#)

Sources

External statistics and Rosterfy customer results are footnoted throughout. All sources accessed October 2026.

Volunteering Australia, [Volunteering Statistics: General Social Survey 2025](#), May 2026 (ABS GSS 2025 data).

Attorney-General's Department, [Significant progress on national Working with Children Check reforms](#), 31 July 2026.

House of Representatives, [Working-With-Children Checks](#), Hansard, 20 August 2026.

National Office for Child Safety, [Working with Children Check Reform](#).

Koora, [Working With Children Check by state](#), 2026.

Corrs Chambers Westgarth, [Australia's ongoing privacy reforms](#), 2025.

Helios Salinger, [Privacy Act reforms](#), updated August 2026.

Rosterfy customer stories: [Children's Hospital Foundation](#), [Starlight Children's Foundation](#), [Cancer Council](#), [Lifeline Australia](#).

Rosterfy, [Data Security & Compliance](#).
