



# VOLUNTEER APPLICATION FORM HOSPICE SHOP-BASED VOLUNTEERING

**Important Note:** All Volunteer Application Forms must be accompanied by **TWO** forms of identification for any person who is **17 or over**. We cannot process an application that does not have two forms of identification. Accepted forms of identification are listed on Page 3 of this application

The information contained in this form is intended solely for Hospice records and statistical purposes, and will not be disclosed for any other purposes.

## PERSONAL DETAILS

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender:     Male           Female          Ethnicity: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Town/City: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation:    Current: \_\_\_\_\_ Previous: \_\_\_\_\_

Skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY CONTACT DETAILS

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_

## AROHANUI HOSPICE SHOPS - VOLUNTEER DUTIES

If you are interested in retail and want to make a difference in your community then become a volunteer at one of our six retail shops. We are currently looking for people who are keen to learn new skills, build new friendships and help contribute to our Hospice fundraising. Sorting and selling our quality donated goods will be your primary duties but we are also keen to recruit volunteers who have a creative gene and like to dabble in display and upcycling.

Please indicate below the Hospice shop you would prefer to volunteer at (tick as many as appropriate):

PALMERSTON NORTH	<input type="radio"/> Palmerston North Hospice Shop	Corner of Walding Street and Lombard Street, Palmerston North
	Opening hours: Monday to Friday from 9.00am to 5.00pm Saturday from 9.00am to 2.00pm (days, hours and frequency to suit the individual volunteer)	
	<input type="radio"/> Roslyn Hospice Shop	Roslyn Shopping Centre, Vogel Street, Palmerston North
		Opening hours: Monday to Friday from 9.30am to 4.30pm Saturday from 10.00am to 2.00pm (days, hours and frequency to suit the individual volunteer)
PALMERSTON NORTH	<input type="radio"/> Awapuni Hospice Shop	92 College Street, Palmerston North
	Opening hours: Monday to Friday from 9.30am to 4.30pm Saturday from 9.30am to 1.00pm (days, hours and frequency to suit the individual volunteer)	
	<input type="radio"/> Feilding Saleyard Hospice Shop	22-24 Fergusson Street, Feilding
FEILDING	Opening hours: Monday to Friday from 10.00am to 4.00pm Saturday from 10.00am to 1.00pm (days, hours and frequency to suit the individual volunteer)	
	<input type="radio"/> Levin Hospice Shop	3 South Road, Levin
	Opening hours: Monday to Friday from 9.00am to 4.00pm Saturday from 9.00am to 3.00pm (days, hours and frequency to suits the individual volunteer)	
LEVIN	<input type="radio"/> Otaki Hospice Shop	11-13 Main Street, Otaki
	Opening hours: Monday to Friday from 9.30am to 4.00pm Saturday from 10.00am to 3.00pm (days, hours and frequency to suit the individual volunteer)	
	<input type="radio"/> Otaki Hospice Shop	11-13 Main Street, Otaki
OTAKI	Opening hours: Monday to Friday from 9.30am to 4.00pm Saturday from 10.00am to 3.00pm (days, hours and frequency to suit the individual volunteer)	

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**HEALTH HISTORY**

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MRSA: Do you have a history of being MRSA positive?  Yes  No

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Have you recently worked in any of the following areas?

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Hospital:  Yes  No

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Overseas Health Facility:  Yes  No

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Aged Care (e.g. Rest Home):  Yes  No

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Do you currently or have you had in the past any health issues which would make it difficult for you to perform this role OR that you think we need to know about (i.e. back injury, hearing or sight loss, allergies, etc)?  Yes  No

If "Yes", please give details:

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Do you have a current first aid certificate?  Yes  No

If "Yes", what date was the certificate issued?

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Do you consent to the Arohanui Hospice Service Trust contacting the Accident Compensation Corporation (ACC) to verify your records indicating any injury sustained by you?  Yes  No

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**CRIMINAL OFFENCES**

Notes: You are not required to provide any information that is eligible to be concealed under the Criminal Records (Clean Slate) Act 2004 in response to the questions in this section. If you have any alleged offences outstanding against you, you must declare them below. Any failure to declare is likely to result in your Volunteer Application being turned down. Arohanui Hospice will perform a police check as part of the Volunteer recruitment process. It is necessary to sight and take a copy of **two** forms of your identification (e.g. drivers licence, passport) as part of the police check process.

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Have you ever been convicted on a criminal offence?  Yes  No

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If "Yes", please give brief details:

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Are you awaiting hearing of any charges for any driving offences?  Yes  No

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If "Yes", please give brief details:

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Are you awaiting hearing of any charges for any other offences?  Yes  No

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If "Yes", please give brief details:

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**CRIMINAL OFFENCES *continued***

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Are you aware of any other charges that Police may be considering laying against you?  Yes  No

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If "Yes", please give brief details:

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In order to confirm the identity of the applicant, two forms of ID must be sighted, one primary and one secondary, one of which must be photographic.

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*Primary IDs include:*

- Passport (NZ or Overseas)
- NZ Firearms Licence
- NZ Full Birth Certificate (issued on or after 19981 )
- NZ Citizenship Certificate
- NZ Refugee Travel Document
- NZ Emergency Travel Document

*NZ Certificate of Identity Secondary IDs include:*

- NZ Driver Licence
- 18+ card
- NZ Full Birth Certificate (issued before 1998)
- Community Services card
- SuperGold Card
- NZ Employee Photo Identification Card
- NZ Student Photo Identification Card
- Inland Revenue number
- NZ issued utility bill (issued not more than six months earlier)
- NZ Teachers Registration certificate
- NZ Electoral Roll Record
- International Driving Permit
- Steps to Freedom Form

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## PRIVACY DECLARATION

I agree that my name and telephone number may be used within the Hospice. The personal information contained within this form will be held by and remain confidential to the Volunteer Co-ordinator. Under the Privacy Act 1993 I have the right to request access to, and correction, or any personal information held by Arohanui Hospice. I declare that all information provided by me in support of my application is correct. I acknowledge that if I have provided incorrect or misleading information of significance I may be disqualified from becoming a Volunteer, or if appointed, be liable to release.

Signed by the Applicant:

Date:

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## CHECKLIST:

- I have completed all relevant sections of the application form
- I have **signed** and **dated** the Volunteer Application (Page 4)
- I have ready, **two forms** of ID for sighting and copying, as specified in the evidence of identity
- I have completed the Police Vetting Form as required (Page 5)
- I have **signed** and **dated** the Police Vetting Form (Page 6)

**Name of Approved Agency submitting vetting request:**

## Section 2: Applicant to complete and return to Approved Agency

*\*Denotes a mandatory field*

### Personal Information

Details (note: the name you are most commonly known by is your primary name)

\*Family name (Primary):

Given name(s):

\*Gender:

(M) (F) (Other)

\*Date of birth:  
(dd/mm/yyyy)

\*Place of birth:

(Town/state/country)

NZ Driver Licence number:

**Previous names:** If applicable, please include other alias or alternate names; married name if not your primary name; previous/maiden/name changed by deed poll or statutory declaration.

Family name	First name	Middle names
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Permanent Residential Address

\*Number/Street:

Suburb:

Post Code:

\*City/Town/  
Rural District:

## Section 3: Applicant to complete and return to Approved Agency

### Consent to release information

1. The New Zealand Police may release **any** information they hold if relevant to the purpose of this vetting request. This includes:
  - Conviction histories and infringement/demerit reports
  - Active charges and warrants to arrest
  - Charges that did not result in a conviction including those that were acquitted, discharged without conviction, diverted or withdrawn
  - **Any** interaction I have had with New Zealand Police considered relevant to the role being vetted, including investigations that did not result in prosecution
  - Information regarding family violence where I was the victim, offender or witness to an incident or offence, primarily in cases where the role being vetted takes place in a home environment where exposure to physical or verbal violence could place vulnerable persons at emotional or physical risk.
  - Information subject to name suppression where that information is necessary to the purpose of the vet
2. If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released **unless**:
  - a. Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime)
  - b. Section 31(3) of the Vulnerable Children Act 2014 applies to this request (safety checks of core children's workers).

Please see the [guide](#) for more information regarding the Clean Slate legislation.

3. The Police Vetting Service may disclose new relevant information to the Approved Agency after the completion of the Police Vet in the following circumstances:
  - The vetting request was submitted as part of a children's worker safety check under the Vulnerable Children Act 2014; and
  - The Police vet was completed within the past three years; and
  - The release of new information is considered justified under the Privacy Act 1993

The Vetting Service will endeavour to notify you prior to the disclosure.

4. Information provided in this consent form may be used to update New Zealand Police records.
5. I am entitled to a copy of the vetting result released to the Approved Agency (to be provided by the agency) and can seek a correction by contacting the Vetting Service.
6. The Approved Agency will securely dispose of this consent form, copies of identification documents and the vetting result within 12 months of receiving the result unless a longer retention period is required by legislation.
7. I may withdraw this consent, prior to Police's disclosure of the vetting result, by notifying the Approved Agency.

For further information, please see the [Guide to Completing the Consent Form](#).

#### Applicant's Authorisation:

- ✓ I confirm that the information I have provided in this form relates to me and is correct.
- ✓ I have read and understood the information above.
- ✓ I authorise New Zealand Police to disclose any personal information it considers relevant to my application (as described above) to the Approved Agency making this request for the purpose of assessing my suitability.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Electronic Signature