



Volunteer Application Form

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

Personal Details:

Title: Last Name: First Name/s:

..... Preferred Name:

Date of Birth: Gender: M / F (circle one) Ethnicity:.....

Address:

.....

Town/City: Post Code:

Home Phone: Work Phone: Mobile:

Email:

Occupation (*current or previous*):

Skills:

Emergency Contact Details:

Title: Last Name: First Name/s:

Relationship to you: (i.e. husband, wife etc)

Address: (Tick if the address is the same as the above)

.....

Town/City: Post Code:

Home Phone: Work Phone: Mobile:

What attracted you to hospice volunteering?

How did you hear about us? (i.e. word of mouth, newspaper ad):.....

Please supply the name of a referee who would be happy to support your application to become a volunteer. The referee should preferably be work related (current or previous employment) and where possible not a family member.

Name:..... Phone:.....

Relationship to you (i.e. current employer):

PALMERSTON NORTH	Hospice	<p>Duty(s): Please indicate below the duties you prefer and then how often you are available.</p> <p><u>Biography Service:</u> Typing to be done at volunteer's premises</p> <p><u>Day Stay:</u> Your preferred day: Tues / Thurs</p> <p><u>Evening Shift:</u> 4:30pm–6:30pm or 5:30pm–7:30pm</p> <p><u>Fund Raising:</u></p> <p><u>Gardening:</u></p> <p><u>Housekeeping:</u> 9:00am – 11.30am daily</p> <p><u>Laundry:</u> 10am - 1pm daily</p> <p><u>Reception/Admin:</u> 9am–1pm weekdays 9am-12noon or 12noon-3pm weekends</p> <p><u>Other:</u> Please indicate what it is you can help with</p> <p>How Often You Can Help: (Please tick)</p> <p>Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> On Call <input type="checkbox"/></p> <p>Preferred Day(s): Mon <input type="checkbox"/> Tues <input type="checkbox"/> Weds <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/></p>
	Shop	<p><u>Preferred Day/s:</u> Mon / Tues / Weds / Thurs / Fri / Sat (9am-1pm)</p> <p><u>Preferred Shift Weekdays:</u> Morning 9am –12pm or 10am – 1pm or 11am– 2pm</p> <p>Afternoon 1pm – 4pm or 2pm – 5pm</p> <p>On-Call</p>

LEVIN		Duty(s) Preferred: (Please tick)
	Day Stay	<p>I can help with:</p> <p><u>Note:</u> Creative Living runs on Wednesdays in Levin</p>
Shop	<p>Preferred Day/s: Mon / Tues / Weds / Thurs / Fri / Sat</p> <p>Preferred Shift: Morning 9am–12pm or 10am– 1pm</p> <p>Afternoon 1pm – 4pm or 2pm – 5pm</p> <p>Sat 9am – 1pm</p>	

Health History:

MRSA:	Do you have a history of being MRSA positive?	Yes / No
	Have you recently worked in any of the following areas:	
	<input type="radio"/> Hospital	Yes / No
	<input type="radio"/> Aged Care (e.g. Rest Home)	Yes / No
	<input type="radio"/> Overseas Health Facility	Yes / No

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 eye sight loss, allergies etc)? **YES / NO** *If YES please give brief details*

.....

.....

Do you hold a current first aid certificate? **YES / NO** If **YES**, at what date was it attained? **Date:**

.....

Other:

Within the last 10 years, have you been convicted of any offence (apart from minor traffic convictions) in New Zealand or overseas? Or do you have any charge pending? **YES/NO**
If YES please give details

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Please note: If you have any alleged offences outstanding against you, you must declare them now. Any failure to declare is likely to result in your not being able to contribute as a volunteer. Arohanui Hospice will perform a police check as part of the employment process. It is necessary to sight and take a copy of your identification (e.g. drivers licence, passport).

I agree to my name and phone number to be used within the hospice. The personal information contained in 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 of, any personal information held by the hospice. I declare that all the 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 dismissal.

Signed: **Date:**

OFFICE USE ONLY	
Position:	Date placed:
Training:	Orientation:
ID:	
Checked by:	Date:
Notes:	
.....	
.....	

CONSENT TO DISCLOSURE OF INFORMATION

Licensing & Vetting Service Centre
Police National Headquarters
PO Box 3017
WELLINGTON 6140

I, _____
(Surname) (Fore Names)

(Maiden or any other names used)

Sex _____ (M/F) Date and place of birth _____

Nationality _____ Residential Address _____

Suburb _____ City _____

NZ Driver Licence number _____

I hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to Arohanui Hospice. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

Signed: _____ Date _____

Identification type: Passport / Drivers Licence Date sighted: _____

COMMENTS OF THE NEW ZEALAND POLICE

Agency code: A50344