



## VOLUNTEER APPLICATION FORM HOSPICE-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 4 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: \_\_\_\_\_

## VOLUNTEER DUTIES

Please indicate below the duties you would prefer to carry out (tick as many as appropriate):

- Biography Service          Typing to be done at Volunteer's own home or premises  
The Biography Service involves helping patients record their life story, may include interviewing with digital voice recorders and/or typing and inserting photos and memorabilia. Training with equipment and support provided.
- Day Stay (Palmerston North)      Your preferred day:           Tuesday           Thursday  
Day Stay involves an activities-based programme for patients under Hospice care, generally helping with art/craft and other activities, serving of meals and drinks, conversing with patients and helping keep the environment tidy. Day Stay runs from 10.00am to 2.00pm. If choosing Day Stay, are there particular crafts or hobbies you would like to help with?
- Bereavement Support Group      Last Friday of every month – 9:00am to 12:00pm  
The Bereavement Support Team offer a Bereavement Morning Tea for recently bereaved clients of Arohanui Hospice. Volunteers are needed to help 'host' the Tea through assistance with set up and clean up, welcoming and helping with sign in, getting cups of tea and supporting participants as they arrive, connecting clients with others, talking with and helping people feel comfortable in the space. There is training provided, a debriefing after each Morning Tea and Supervision from the Bereavement Support Team as arranged. We are looking for people who are comfortable with their own grief experiences and are able to be with others who are grieving. The Bereavement Support Team screen all interested applicants.
- Kitchen Assistant      9:30am to 1:00pm           Monday           Wednesday           Friday  
                                     9:00am to 11:00am       Tuesday       Thursday       Saturday       Sunday  
The kitchen assistant role involves doing dishes, cleaning, vegetable preparation and general kitchen duties as instructed by the Cook on Duty (no cooking is involved in this role).
- Evening Shift                      4:30pm to 6:30pm or 5:30pm to 7:30pm  
The evening shift role involves cleaning dinner dishes, sweeping and washing the floor, putting rubbish out and doing any evening laundry (washing, drying, folding and putting away).
- Fundraising Activities          As required
- Gardening                      As suits the volunteer, at least fortnightly  
Gardening volunteers assist with maintaining the Hospice's grounds, gardens and lawns.
- Housekeeping                      9:30am to 11:30am daily  
Housekeeping at Arohanui Hospice involves cleaning the unit, cleaning patient rooms and bathrooms, vacuuming, dusting, cleaning windows and giving out morning tea.
- Laundry                      10:00am to 1:00pm daily  
Morning laundry shift involves washing, drying and folding laundry items and putting them away.
- Reception/Administration      9:00 am to 1:00pm weekdays, 9:00am to midday OR midday to 3:00pm weekends  
The Arohanui Hospice Reception desk is the welcoming area for all patients, families and visitors so it is very important that the Volunteer who assists the Receptionist in their day to day duties will be well presented and approachable at all times. The Volunteer will also be required to assist patient's visitors by guiding them to their loved ones room and also give them a brief tour of the Hospice amenities. It is helpful if the Volunteer has some administration experience, must be able to assist with filing, photocopying, laminating, book binding, cash handling and competent in answering the telephone and transferring those calls on to the appropriate person, taking messages as and when required.

Other (please provide details):

How often can you help?           Weekly           Fortnightly           Monthly           On-call

Preferred day(s):

Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday

<b>LEVIN</b>	Creative Living (Levin)	<input type="radio"/> Wednesday 10:00am to 12:00pm <input type="radio"/> Wednesday 11:00am to 1:00pm <input type="radio"/> Wednesday 12:00 pm to 2:00pm
	Volunteers help with Creative Living each Wednesday. The volunteers serve morning tea, prepare, serve and clean up after lunch along with assisting patients with crafts and participating in games/quizzes. After the session the room is cleaned and vacuumed. If choosing Creative Living, are there particular crafts or hobbies you would like to help with?	

**HEALTH HISTORY**

MRSA:	Do you have a history of being MRSA positive?	<input type="radio"/> Yes	<input type="radio"/> No
	Have you recently worked in any of the following areas?		
	Hospital:	<input type="radio"/> Yes	<input type="radio"/> No
	Overseas Health Facility:	<input type="radio"/> Yes	<input type="radio"/> No
	Aged Care (e.g. Rest Home):	<input type="radio"/> Yes	<input type="radio"/> 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 sight loss, allergies, etc)?	<input type="radio"/> Yes	<input type="radio"/> No
	If "Yes", please give details:		
	Do you have a current first aid certificate?	<input type="radio"/> Yes	<input type="radio"/> No
	If "Yes", what date was the certificate issued?		
	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?	<input type="radio"/> Yes	<input type="radio"/> No

**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.

	Have you ever been convicted on a criminal offence?	<input type="radio"/> Yes	<input type="radio"/> No
	If "Yes", please give brief details:		
	Are you awaiting hearing of any charges for any driving offences?	<input type="radio"/> Yes	<input type="radio"/> No
	If "Yes", please give brief details:		
	Are you awaiting hearing of any charges for any other offences?	<input type="radio"/> Yes	<input type="radio"/> No
	If "Yes", please give brief details:		
	Are you aware of any other charges that Police may be considering laying against you?	<input type="radio"/> Yes	<input type="radio"/> No
	If "Yes", please give brief details:		

---

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:

---

*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
- 

## 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:

---

## 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