



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 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: _____

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?

Patient Transportation
9:30am and/or 2:00pm Tuesday Thursday
This role involves transporting patients from their homes to Arohanui Hospice and back again for the Day Stay Programme that runs on a Tuesday and Thursday from 10:00am to 2:00pm (drop off and leave then return for the afternoon pickup).

Kitchen Assistant
9:00am to 11:00pm Tuesday Thursday
9:30am to 1:00pm Monday Wednesday Friday 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 5:30pm to 7:00pm
The evening shift role involves cleaning dinner dishes, sweeping and washing the floor and removing rubbish

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.

Reception/Administration 9:00 am to 1:00pm weekdays
Assisting the Receptionist in their day to day duties. The volunteer needs to be well presented and approachable. Duties include helping patient's visitors, assisting with filing, photocopying, laminating, book binding, cash handling and competent in answering the telephone. It is helpful if the Volunteer has some administration experience.

Other (please provide details):

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

Preferred day(s):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Creative Living (Levin) Wednesday 10:00am to 12:00pm
 Wednesday 11:00am to 1:00pm
 Wednesday 12:00 pm to 2:00pm
 Patient Transportation (Levin)

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? Yes No

Have you recently worked in any of the following areas?

Hospital: Yes No

Overseas Health Facility: Yes No

Aged Care (e.g. Rest Home): 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 sight loss, allergies, etc)? Yes No

If "Yes", please give details:

Do you have a current first aid certificate? Yes 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? Yes 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? Yes No

If "Yes", please give brief details:

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

If "Yes", please give brief details:

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

If "Yes", please give brief details:

Are you aware of any other charges that Police may be considering laying against you? Yes 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 1981)
- 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)

(list continued next page)

-
- 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:

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)

*Completed Volunteer Applications can be emailed to the Volunteer Co-ordinator on volunteer@arohanuihospice.org.nz together with **two forms** of suitable ID. These can also be posted to:*

*Arohanui Hospice
C/- Volunteer Co-ordinator
1 Heretaunga Street
PO 5349
Palmerston North*

Alternatively you can drop them off to the Arohanui Hospice Reception (who can also take photocopies of the relevant identification). Once the documentation has been received by the Volunteer Co-ordinator they will submit the Police Vetting form for completion (this process takes approximately four weeks) and you will be contacted once the results of the Police Check come back.

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/City/State)

*Country of birth:

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

- The New Zealand Police may release **any** information they hold 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
- If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released **unless**:
 - Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime)
 - Section 31(3) of the Vulnerable Children Act 2014 applies to this request (safety checks of core children's workers).
 - The vetting request is made by an individual for the purpose of an overseas Visa/Work Permit as a Privacy Act request authorising the vetting result to be provided directly to the relevant embassy, high commission or consulate.

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

- 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 disclosure of the newly-obtained information is considered to be justified under the Privacy Act 1993 (if it had existed or been available at the time of the Police vet, it would have been disclosed); and
 - The Police Vetting Service has ascertained that the purpose of the Police vet (e.g. employment role) still exists.The Vetting Service will endeavour to notify you prior to the disclosure.

- Information provided in this consent form may be used to update New Zealand Police records.
- 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.
- 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.
- 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 at any time.

Name: _____

Date: _____

Signature: _____

Electronic
Signature