



## VOLUNTEER APPLICATION FORM HOSPICE SHOP-BASED VOLUNTEERING

**Important Note:** All Volunteer Application Forms must be accompanied by **ONE** form of identification for any person who is **17 or over**. We cannot process an application that does not have a form of identification. Accepted forms of identification are listed on **Page 4** of this application

*\*PLEASE COMPLETE ALL DETAILS - 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

Full Name: Mr / Mrs / Miss

Preferred Name:

Date of Birth:

Gender: ☐ Male ☐ Female Ethnicity:

Home Address:

Town/City:

Post Code:

Home Telephone:

Mobile Telephone:

Email Address:

Occupation: Current: Previous:

Skills:

### EMERGENCY CONTACT DETAILS – PLEASE COMPLETE DETAILS BELOW

Full Name: Mr / Mrs / Miss

Relationship to you:

Home Telephone:

Work Telephone:

Mobile Telephone:

Are you looking for short or long term volunteer work? ☐ Short term ☐ Long term

## 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)	
PALMERSTON NORTH	<input type="radio"/> Roslyn Hospice Shop	Roslyn Shopping Centre, Vogel Street, Palmerston North
	Opening hours: Monday to Friday from 9.00am to 4.30pm (days, hours and frequency to suit the individual volunteer)	
FEILDING	<input type="radio"/> Feilding Saleyard Hospice Shop	22-24 Fergusson Street, 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)	
LEVIN	<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)	
OTAKI	<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)	

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## HEALTH HISTORY

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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

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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.

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

If "Yes", please give full details:

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

If "Yes", please give full details:

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

If "Yes", please give full details:

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

If "Yes", please give full details:

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In order to confirm the identity of the applicant, one forms of ID must be sighted as follows:

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New Zealand Drivers Licence  
New Zealand Passport  
Overseas Passport  
New Zealand Firearms Licence

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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, a **form** of ID for sighting and copying, as specified in the evidence of identity
- ☐ I have completed the **Ministry of Justice – Request for Criminal Conviction History** as required (Page 6)
- ☐ I have **signed** and **dated** the Ministry of Justice Form (Page 7)
- ☐ I have completed the **Volunteer Trial – Declaration Form** (if applicable)

*Completed Volunteer Applications can be emailed to the Volunteer Co-ordinator on [volunteer@arohanuihospice.org.nz](mailto:volunteer@arohanuihospice.org.nz) together with **one** form 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) or to your closest Arohanui Hospice Shop. Once the documentation has been received by the Volunteer Co-ordinator they will submit the Criminal Record Check form for completion to the Ministry of Justice (this process takes approximately nine weeks) and you will be contacted once the results of the Criminal Record Check come back. We appreciate your patience whilst this happens.*

# Request for Criminal Conviction History – Third Party

## Confidential when completed

REQUEST BY THIRD PARTY UNDER THE PRIVACY ACT 1993 FOR A COPY OF AN INDIVIDUAL'S CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE'S COMPUTER SYSTEMS.



### How to fill out this form and the definitions used in this form

1. You will have been provided this form by a third party\* to complete
2. Complete all the questions from Step 2 on – start with “Your details”
3. Please write as neatly as possible
4. Send back to the third party for them to check and send off.

\*Third party is the person, potential employer or recruitment agency who has requested the criminal conviction check and will be sent the results. (The third party must complete the front page of this form).

## Step 1 Third party to complete this section

### Third party name details

Full name of third party:

Arohanui Hospice

Full name of the person or organisation the third party is acting for (if applicable):

(i.e. the person or organisation who requested the third party to carry out a criminal conviction check).

Jill Margaret Rolls

Third party reference number (if applicable):

### Third party return address details

Name of the person to return request information to:

Jill Rolls - Volunteer Coordinator

PO Box or

Street Address:

PO Box 5349

Suburb:

Town/City:

Palmerston North

State/Province:

Post Code:

4441

Country:

New Zealand

Signature of third party:

X

OFFICE USE ONLY

MOJ REQUEST NUMBER

## Step 2 Your details (please print)



**Important: make sure the name and date of birth you write in here matches your Identification in Step 3**

### Your Personal Details

Surname:  First name:

Middle names (separated by commas):

Date of birth:         Male ☐ Female ☐

Place of birth:

Telephone:  Mobile:

Email:

### Previous names – Maiden names, other names you are known as, or have used

Surname	First name	Middle names (separated by commas)
<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"/>

### Your Postal Address

PO Box or Street address:

Suburb:

Town/City:

State/Province:

Post Code:  Country:

### Current residential address if different to postal address

Street address:

Suburb:

Town/City:

State/Province:

Post Code:  Country:

**Please list any other New Zealand addresses you have lived at in the last 10 years**

Street address:   
Suburb:   
Town/City:  Post Code:

Street address:   
Suburb:   
Town/City:  Post Code:

Street address:   
Suburb:   
Town/City:  Post Code:

### Step 3 Your identification



**Please attach a legible photocopy of your identification which must contain your signature. This can be any one of the following:**

- ☐ **New Zealand Driver Licence** – can be current or expired within the last 2 years, but cannot be cancelled, defaced or a temporary licence.
- ☐ **New Zealand Passport** – can be current or expired within the last 2 years, but cannot be cancelled or defaced. Must show your signature.
- ☐ **Overseas Passports** – must be current and cannot be expired, cancelled or defaced. Must show your signature.
- ☐ **New Zealand Firearms Licence** – must be current and cannot be expired or defaced.
- ☐ If you do not have any of these forms of identification, you will need to complete Step 5.

### Step 4 Your authority to release information to a third party

I authorise the Criminal Records Unit, Ministry of Justice, to release a copy of my criminal convictions, subject to section 7 of the Criminal Records (Clean Slate) Act 2004, to the third party.

**Tick the report required**

Criminal and traffic convictions report ☐ Traffic convictions report ☐

I want a copy of the information provided to the third party Yes ☐ No ☐

**Your signature:**

X

**Date:**

## Step 5 Proof of identity

### Only complete if you do not have a driver licence, passport or firearms licence

You will need to ask someone who can confirm your identity to fill in this section. If you are unable to get someone to complete Step 5, then you must complete a statutory declaration. The relevant form can be obtained from your local District Court or go to [www.justice.govt.nz/services/criminal-records](http://www.justice.govt.nz/services/criminal-records)

#### The person who identifies you must:

- ✓ Have known you for more than 12 months
- ✓ Be aged 18 years or over
- ✓ Have a day time phone number and be contactable during normal business hours
- ✗ Not be a relative (a relative is a person connected by blood or marriage), and
- ✗ Not live at the same address.

#### Identifier to complete

Identifier's surname:	<input type="text"/>		
Identifier's first name:	<input type="text"/>		
Identifier's middle names (separated by commas):	<input type="text"/>		
PO Box or Street address:	<input type="text"/>		
Suburb:	<input type="text"/>		
Town/City:	<input type="text"/>		
State/Province:	<input type="text"/>		
Post Code:	<input type="text"/>	Country:	<input type="text"/>
Telephone:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>		

#### I declare that I have personally known

Surname:	<input type="text"/>		
First name:	<input type="text"/>		
Middle names (separated by commas):	<input type="text"/>		
For	<input type="text"/>	years and vouch for their identity.	

Signature of the identifier:	<div></div> <input type="text"/>
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## Checklist for the third party



**Please ensure this form is fully completed to avoid processing delays.**

☐

**Step 1:** Third party contact name and address details are completed in full, otherwise we will return this request to the "individual" (person you sent the form to for completion).

☐

**Step 2:** Contains individual's full name and date of birth.

☐

**Step 3:** Copy of individual's identification is attached to this request; and, the signature on the identification matches the individual's signature in Step 4.

☐

**Step 4:** The individual has authorised this request by signing and dating the form.

☐

**Step 5 (If applicable):** Confirmation of the individual's identity if they do not have a valid identification.

### **Sending your form to the Ministry**

Send this form and copy of identification to:

Criminal Records Unit, Ministry of Justice, National Office, SX 10161, Wellington.

### **Service standard**

The Ministry of Justice will process this request within the agreed service delivery times in your contract with the Ministry of Justice. If you do not hold a contract with the Ministry of Justice, we will endeavour to process this request within 20 working days of the date we receive this completed application.