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|  | **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* |
| *\* 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 fully vaccinated for COVID 19?  | * YES
 | * NO
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*Please Note: Under the Health & Safety at Work Act 2015 and the Covid Protection Framework, we require anyone who volunteers for the Arohanui Hospice Service to be fully vaccinated.*

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| **VOLUNTEER DUTIES** |
| Please indicate below the duties you would prefer to carry out (tick as many as appropriate): |
| **HOSPICE (PALMERSTON NORTH)** | * 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? |
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| * 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 and 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
 |
| **LEVIN** | 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? |
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| **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.)?If “Yes”, please give details: | * Yes
 | * No
 |
| Do you have a current first aid certificate?If “Yes”, what date was the certificate issued? | * Yes
 | * No
 |
| 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 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, **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
 |
| **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)

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| *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.* |



