

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 5**.

The information contained in this form is intended solely for Hospice records & statistical purposes & will not be disclosed for any other purposes.

PERSONAL DETAILS				
Full Name:				
Preferred Name:		Date of Birth:		
Ethnicity:	<input type="radio"/> NZ European	<input type="radio"/> Māori	<input type="radio"/> Pacifica	<input type="radio"/> European
	<input type="radio"/> MELAA	<input type="radio"/> Asian	<input type="radio"/> Other	
Email Address:				
Address:				
Suburb:				
Town/City:			Post Code:	
Phone Numbers:	Mobile:		Home:	

EMERGENCY CONTACT DETAILS				
Full Name:				
Relationship to you:				
Phone Numbers:	Mobile:		Home:	

HEALTH HISTORY		
Do you currently have, or have you had any health conditions which could make it difficult for you to perform this role OR that you think we need to know about to keep you and others safe (i.e. back injury, hearing or sight loss, allergies, cognitive impairment, intellectual disability etc)?	<input type="radio"/> Yes	<input type="radio"/> No
<i>If "Yes", please give details:</i>		
.....		
.....		

HISTORY & INTERESTS		
Occupation:	Current:	
	Previous:	
What has created your interest in volunteering for Arohanui Hospice?		

Have you volunteered for Arohanui Hospice before?

Yes No

If yes, what role did you volunteer in?

AROHANUI HOSPICE VOLUNTEER DUTIES

We are currently looking for people who are keen to learn new skills, build new friendships & help contribute to our Hospice fundraising. There are a range of ways you can make a difference in your community by becoming a volunteer for Arohanui Hospice. Below are a list of Volunteer roles we have available at Arohanui Hospice, please indicate your preferences (you may tick as many as appropriate):

Days, hours & frequency of volunteering will be arranged to suit the individual volunteer

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

Preferred day(s): Mon Tue Wed Thur Fri Sat Sun

Preferred time: AM PM

Please note: For health & well-being reasons the maximum number of hours a volunteer can complete each week is 15 hours.

Arohanui Hospice Shops: We have 4 retail shops which require a range of volunteers to assist with sorting and selling our quality donated goods. While these are the primary duties of the role we are also keen to recruit volunteers who have a creative gene and like to dabble in display and upcycling.

**PALMERSTON
NORTH**

- 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 5.00pm

FEILDING

- Feilding Hospice Shop (22-24 Fergusson Street, Feilding)
Opening hours:
Monday to Friday from 9.00am to 4.30pm
Saturday from 9.00am to 3.00pm

LEVIN

- Levin Hospice Shop (3 South Road, Levin)
Opening hours:
Monday to Friday from 9.00am to 5.00pm
Saturday from 9.00am to 5.00pm

OTAKI

- Otaki Hospice Shop (11-13 Main Street, Otaki)
Opening hours:
Monday to Friday from 9.00am to 4.30pm
Saturday from 9.00am to 3.00pm

Arohanui Hospice Headquarters: Our Arohanui Hospice headquarters has a range of volunteer roles, some of which are vital to the running of our inpatient unit and supporting services.

HOSPICE HEADQUARTERS (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)

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 on a Tuesday from 10.00am to 2.00pm. If choosing Day Stay, are there particular crafts or hobbies you would like to help with?

- Patient Transportation

This role involves transporting patients from their homes to Arohanui Hospice and back again for the Day Stay Programme that runs on a Tuesday from 10:00am to 2:00pm. Pickups are required at 9.30am, then drop off to Arohanui Hospice, then return for the afternoon pickup at 2pm.

- Kitchen Assistant

This role involves doing dishes, cleaning, vegetable preparation & general kitchen duties as instructed by the Cook on Duty (no cooking is involved in this role). Please select preferred shift & days:

- 9.00am to 12.00pm: Tues
- 9.30am to 11.30am: Mon Wed Thurs Fri Sat Sun
- Evening Shift: 5.30pm to 7.00pm (The evening shift role involves cleaning dinner dishes, cleaning of kitchen, 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 - 9:00am to 11:00am daily

Housekeeping at Arohanui Hospice involves cleaning the inpatient unit, cleaning patient rooms and bathrooms, vacuuming and dusting and cleaning windows.

- Reception/Administration - 9:00am to 1:00pm weekdays

Assisting the Receptionist in their day to day duties. Duties include helping patient's visitors, assisting with filing, photocopying, laminating, book binding, cash handling and competent in answering the telephone. Some previous administration experience would be helpful.

- Other (please provide details):

Arohanui Hospice – Horowhenua Centre: Each Wednesday we hold a Creative Living session which we require volunteers to assist with. Tasks include serving morning tea, prepare serve & cleaning up after lunch along with assisting patients with crafts and participating in games/quizzes. After the session the room is cleaned and vacuumed.

HOROWHENUA CENTRE (LEVIN)

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

If choosing Creative Living, are there particular crafts or hobbies you would like to help with?

EVIDENCE OF IDENTITY

For the Ministry of Justice (MOJ) criminal record check we are required to sight and copy one of the following forms of photo ID:

- Passport (NZ or Overseas)
- NZ Drivers Licence
- NZ Firearms Licence

PRIVACY DECLARATION

I agree that my name and telephone number may be used within the Hospice. All personal information is stored securely by Arohanui Hospice and will remain Confidential.

Under the Privacy Act 1993 I have the right to request access to, and correction of, 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 Privacy Declaration
- I have provided **photographic ID** for sighting and copying, as specified in the Evidence of Identity
- I have completed the **MOJ Criminal Record Release Authorisation** (Page 6)

*Your completed application (along with **one** form of suitable ID) can either be emailed, posted or delivered via the following:*

Email to: volunteer@arohanuihospice.org.nz

Deliver to: Arohanui Hospice Reception or to your closest Arohanui Hospice Shop.

You will be contacted by the Volunteer Co-ordinator once your application form has been processed.

We appreciate your patience whilst this happens.



Ministry of Justice Criminal Record Release Authorisation

First Name:			
Middle Name(s):			
Surname:			
Have you been known by any other names? (if yes please list)	<input checked="" type="checkbox"/>		
	<input checked="" type="checkbox"/>		
	<input checked="" type="checkbox"/>		
Date of Birth:			
Place of Birth:			
Contact Number:			
NZ Drivers Licence Number:			
Gender:	Male	Female	I do not wish to state
Email Address:			
Would you like a copy of the report?	Yes	No	
Address			
Number & Street Name:			
Suburb:			
Town/City:			
Postcode:			
Have you lived at any other NZ address in the last 10 years? (if yes please list)			
Declaration			
	I authorise the Criminal Records Unit, Ministry of Justice, to provide the details of any criminal convictions I may have which are held on the Ministry of Justice's computer systems.		
<hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> Full Name			
<hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> Signed		<hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> Date	

Please ensure to include a copy of identification along with this application. Identification can include NZ or Overseas Passport, NZ Drivers Licence or NZ Firearms Licence.