

Office Use Only:

- Application received: _____
- Interview booked: _____
- Interview conducted: _____
- Photo ID viewed & copy: _____
- Vetting form signed: _____
- Reference Check: _____

VOLUNTEER APPLICATION FORM
General Volunteers

Full Name			
Prefer to be known as			Title Mr/Mrs/Miss/Ms
Address			
			Postcode
Phone	Home	Work	Mobile
Email address <small>(Please print clearly)</small>			Date of Birth
Occupation			
Emergency Contact <small>(Name, relationship, phone)</small>			Phone
Please state your ethnicity (please circle):			
NZ European Asian Maori Pasifika Middle Eastern/Latin American/African Other (please state):			
Do you speak any other language, apart from English (please state)?			

Please provide as much information as you can on the following questions:

What personal qualities make you suitable for Hospice work?
If you have previous experience in volunteer work, please describe where and what you did?
Are there other interests and skills you could bring to the Hospice?
What are your reasons for wanting to volunteer for Hospice Wairarapa?

Have you experienced a personal bereavement, and when did this happen?

What type of work would you like to do for the Hospice? *(Please tick all appropriate)*

<p>Patient Contact Services</p> <p><input type="checkbox"/> House Duty & Administration <input type="checkbox"/> Patient Transport/Shopping</p> <p><input type="checkbox"/> Volunteer Visitor <input type="checkbox"/> Photography/Videography</p> <p><input type="checkbox"/> Biography/Life Story <input type="checkbox"/> Patient Therapy</p> <p><input type="checkbox"/> Day Programmes <input type="checkbox"/> Catering/Cooking</p>	<p>Non-Patient Contact Services</p> <p><input type="checkbox"/> Administration Support</p> <p><input type="checkbox"/> Flowers/Gardening</p> <p><input type="checkbox"/> Fundraising</p> <p><input type="checkbox"/> Baking/Meals</p>
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Other (please specify)

Do you have any medical conditions that may affect your ability to carry out Voluntary Hospice Duties?

If you wish to volunteer at Te Kowhai, 59 Renall Street or enter the Te Kowhai building for any reason, you will be required to provide evidence that you are fully vaccinated against Covid-19.

Please indicate a day/time commitment that best suits you to volunteer

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm

Please indicate number of hours per week/month that you can volunteer.

Do you have any criminal convictions? Yes No

If you answered yes, what was the offence and when did it occur.

All patient contact roles with Hospice Wairarapa Community Trust require a Police check. Applicants are requested to sign a consent form for Police vetting at the initial interview. All information received from the New Zealand Police is stored confidentially.

By signing the Volunteer Agreement, you agree to notify Hospice Wairarapa if you are ever convicted of a criminal offence.

References

Could you please supply the name and contact details of one personal referee who you know will be happy to support your application to become a Volunteer *(note that your referee should not be a close relative or a close friend)*.

Name	Relationship	Address	Phone

Volunteer Agreement

Organisation Name: Hospice Wairarapa Community Trust

Name: _____ As a volunteer I agree to:

- Abide by and support the philosophy, policy, and guidelines of Hospice Wairarapa Community Trust.
- Act in the best interests of the organisation.
- Maintain confidentiality and respect and maintain this trust.
- Abide by safety and risk management requirements.
- Carry out the tasks outlined in the Role Description.
- Attend on the agreed time and day or contact the appropriate person if I am not available.
- Participate in orientation, meetings, and trainings as required.
- Raise any matters of concern with your Direct Manager/Volunteer Services Manager.
- At all times, demonstrate professional behaviour and attitude when dealing with management, staff, other volunteers, patients, families, customers and the public.

The Organisation agrees to:

- Provide orientation, training and support.
- Provide a safe working environment.
- Reimburse for pre-approved expenses.
- Provide information about the organisation.
- Provide opportunities for input into the organisation.
- Acknowledge and recognise the contribution of volunteers to the organisation.

Confidentiality Agreement

I, _____ agree, that any information heard, observed or obtained during my work at Hospice Wairarapa Community Trust shall remain confidential to Hospice Wairarapa Community Trust. I agree that I shall not discuss any confidential information obtained as a volunteer with anyone, other than my direct manager or members of the Hospice Wairarapa Community Trust Management Team as required.

I AGREE to my name, phone number and email being used within the Hospice Wairarapa Community Trust. The personal information contained in this form will be held by and remain confidential to the management team of Hospice Wairarapa Community Trust Under the Privacy Act 1993, I have the right (with certain exceptions) to request access to, and correction of, any of my personal information held by the Hospice.

I DECLARE that all the information provided by me in support of my application is correct. I acknowledge that if I have provided incorrect or misleading information or have omitted information of significance, I may be disqualified from becoming a volunteer or, if appointed, be liable to be dismissed.

Signed: _____

Date: ___/___/___

Please send your completed Volunteer Application form to:

Dionne Johnstone, Volunteer Manager, Hospice Wairarapa Community Trust

Post or Deliver: 59 Renall Street, Masterton 5810, 53 Queen Street, Masterton or 68a Main Street, Greytown

Email: dionne@hospicewairarapa.co.nz Phone: 06 929 7503 Mobile: 027 281 8489

*Thank you for your offer of volunteer support with Hospice Wairarapa Community Trust.
We hope that you will find your volunteering experience rewarding.*