

**Office Use Only:**

- Application received: \_\_\_\_\_
- Interview booked: \_\_\_\_\_
- Interview conducted: \_\_\_\_\_
- Photo ID viewed & copy: \_\_\_\_\_
- Reference Check: \_\_\_\_\_

**VOLUNTEER APPLICATION FORM**

**Retail Volunteer**

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

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

<b>What personal qualities make you suitable for volunteering within our retail environment?</b>
<b>If you have previous experience in volunteer work, please describe where and what you did?</b>
<b>Are there other interests and skills you could bring to the Hospice?</b>
<b>What are your reasons for wanting to volunteer in the retail environment?</b>
<b>Have you experienced a personal bereavement, and when did this happen?</b>
<b>Do you have any medical conditions that may affect your ability to carry out voluntary duties?</b>

**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.**

**Do you have any criminal convictions?**     Yes     No

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

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

**Availability**

Please indicate the am/pm shift and day of the week that you can offer volunteer support, and at which location.

**Masterton Shop**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
am/pm	am/pm	am/pm	am/pm	am/pm	9:30am-2pm

Volunteer shifts are:

Monday to Friday: 9.30am to 12.30pm or: 12.30pm to 4.00pm

Saturday: 9:30am to 2pm

**Greytown Shop**

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

Volunteer shifts are:

Thursday to Monday: 9.30am to 12.30pm or: 12.30pm to 4.00pm

**Masterton Garage Sale**

Friday	Saturday
8.30am – 12.00pm	7.30am – 12.00pm

Friday: Sorting of garage sale goods and products and team morning tea.

Saturday: Set up, garage sale begins 9am and ends 11am and pack up.

**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 complete your Volunteer Application form and return 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](mailto: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.*