

Office Use Only:

- Application received: _____
- Police form received: _____
- Induction/Screening: _____
- Interview: _____
- Reference Check: _____
- Screening Result: _____

SHOP VOLUNTEER APPLICATION FORM

(please print clearly)

Full Name:			
Prefer to be known as:			Title: Mr/Mrs/Miss/Ms
Address:			
			Postcode:
Telephone numbers:	Home:	Work:	Mobile:
Email address: <small>(please print clearly)</small>			D.O.B: <small>(for birthday acknowledgement only- year is optional)</small>
Occupation:			
Emergency Contact: <small>(name, relationship, phone)</small>			Phone:
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 Wairarapa Shop work?
If you have previous experience in volunteer work, please describe where and what you did:
Are there any special interests and skills you could bring to the shop?
Why do you want to work for the Hospice Wairarapa Shop?
Do you have any medical conditions that may affect your work at Hospice and of which we need to be aware:

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

Please indicate number of hours per week/month that you can volunteer and days of the week that you can help: **Note – Retail Shop hours are 9.30am to 1pm, 12.30pm to 4.30pm Monday to Friday and 9.30am to 1.30pm Saturday.**

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*)

Name	Relationship	Address	Phone No

Do you have any criminal convictions?

Yes No

If yes, what was the offence:

By signing this form, you also agree to notify Hospice Wairarapa if you are ever convicted of a criminal offence

If placed in a volunteer position I agree to:

- attend the Volunteer Training Programme
- work within Hospice Wairarapa protocols, as outlined during induction and training
- consent to disclosure of information from the Police Vetting Service

Signed: _____

Date: ___/___/___

Please send your completed Volunteer Application form **by post** to:
Manager, Volunteer Services, Hospice Wairarapa Community Trust, 59 Renall Street, Masterton 5810
Or email: chris.wills@hospicewairarapa.co.nz Contact numbers: 06 378 8888 or (DDI) 06 949 7503

Hospice Wairarapa will use all methods available to protect our patients, their families, our employees, volunteers and the reputation of our organisation from disrepute, and has been accepted as an approved organisation to the vetting service of the New Zealand Police. This allows organisations, whose core function is the provision of care to other people, to check the criminal history of volunteer appointees. Therefore all applicants are requested to sign and return a consent for disclosure form. All information received from the New Zealand Police is stored confidentially on appointment or, on non-appointment, confidentially destroyed.

Volunteer Confidentiality Agreement

Patients and families involved with Hospice Wairarapa are accorded confidentiality. As a Volunteer with this organisation, I agree to respect and maintain this trust.

I AGREE to my name and phone number being used within the Hospice. The personal information contained in this form will be held by and remain confidential to the management team of Hospice Wairarapa. 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: ____ / ____ / ____

*Thank you for volunteering for Hospice work. We trust that you will find your Volunteering rewarding.
Please do not hesitate to contact the Manager of Volunteer Services, Chris Wills
Phone 06 378 8888 or DDI 06 929 7503 if you have any queries.*