

Volunteer Application Form

HR-F020

Please read this information panel

As part of the requirements for volunteering for our organisation we need some information from you via:

1. Volunteer Application Form

This information is needed by Hospice Mid-Northland to assist in your placement in the volunteer team, for contact details in the case of an emergency and for our statistical purposes.

2. Police Vetting Request Form (included as an insert with this document)

This form is needed to ascertain any security issues that may impact on volunteer placement. This ensures that Hospice Mid-Northland is protected when working in the public arena.

the public archa.

** (for identification and/or for those driving on our behalf)

This can be photocopied at Hospice Mid-Northland.						
NAME						
ADDRESS	POST CODE					
EMAIL ADDRESS	DATE OF BIRTH					
HOME PHONE	MOBILE NUMBER					
Volunteer Roles What type of work would you like to do for the hospice?						
Supporting patients in their own homes Non-clinical support e.g company, reading, comforting presence.						
Therapist - Kerikeri / Hokianga. (complementary massage and other therapies). Must hold certificates of training/practice.						
Hostess - Kerikeri / Hokianga. Ensuring family/whanau attending bereavement sessions are catered for.						
Shop volunteer - Kerikeri / Kawakawa. Full commitment OR on-call OR Team Leaders.						
Sorting Centre Volunteer. Sorting, cleaning and pricing donated goods. Full commitment OR on-call						
Kowhai Corner Shop and Furniture Shop Open and close the shops ready to sell donated goods.						
Inwards Goods/Jack of All Trades Storeman at the sorting centre clearing the 'drop off' area. Cleaning and repairing.						
Lifter, Shifter Driver. Moving our hospital loan equipment and/or shop donations.						
Hospice Fundraising Events Support. Coordinating, baking or helping on the day (for one or more events as wished).						
Hospice Office Support. Answer phones and assisting with general office tasks.						
Grounds & Maintenance. 464 Kerikeri Road, Gardening, window washing, working bees, trade - painting / plumber (state),						
Catering, Baker Provide baking for the freezer or events when required and help at functions.						
Other - Art, Music, Singer, Sewer, Gardner, Dog Walking, Beauty etc.						
Please tick the area(s) that you are prepared to work in as a volunteer:						
☐ Hokianga ☐ Kaeo ☐ Kaikohe ☐ Kawaka	wa 🗌 Kerikeri 🔲 Paihia 🔲 Russell					
What is your previous work experience?						

Are there other interests and skills you could bring to the hospice?								
What motivated you to volunteer for Hospice?								
Availabilitywhich day(s)/times suit best?								
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
am / pm	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm		
Are you available in school holidays? □ YES □ NO								
Training Courses								
As a volunteer fo	r Hospice Mid-Nor	thland you will be	e invited to attend	our Volunteer Indi	uction Course and	other training		
sessions from time to time. Do you agree to attend training courses as required?								
In case of accident, please provide us with your emergency contact information:								
Name of GP		Phone:						
1st Contact Name		Relationship:			Phone:			
2nd Contact Name		Relationship: Phone:						
Please list any medical conditions and/or limitations that might affect your work								
Please supply the name, address and contact details of one personal referee (who is not a close relative): Name: Phone No:								
Address:								
The information you supply will not be disclosed to any other party or organisation. It will be held on a secure database in a locked facility and you may request a copy of your information at any time .								
If placed in a volunteer position I agree to work within hospice protocols, as outlined in the Volunteer Information Sheet supplied with this application form and during the training.								
Signed: Date:								