



VOLUNTEER APPLICATION FORM

Personal Details

First Name _____ Last Name _____

Email Address _____

Postal Address _____

Mobile Phone No _____ Alternative Phone No _____

Date of Birth _____ Occupation _____

dd/mm/yyyy

Your individual needs are important to us. In order to provide a safe environment where you can do your best we need to know whether you have any needs which may affect the way you work.

Do you have a health condition (physical, mental or medical), that may affect your ability to carry out your volunteer role at Te Omanga Hospice? **Yes / No** (circle)

If **Yes**, please give brief details here: _____

Emergency Contact: (to be used only in case of an accident, sudden illness or civil emergency)

Contact Name: _____ Relationship to you _____

Mobile Phone No _____ Alternative Phone No _____

Hospice Volunteer

What has attracted you to being a Hospice volunteer? _____

Have you suffered a close bereavement in the past 12 months? Yes / No

Volunteer Positions

Please let us know how you would like to help.

We do our best to offer volunteers positions that suit their availability, skills and interests. We are looking for people who want to volunteer at Te Omanga Hospice weekly, fortnightly, monthly or occasionally. Here's a list of some of the volunteer roles available

- | | | |
|---|---|---|
| <input type="checkbox"/> Retail Shops | <input type="checkbox"/> Biographies | <input type="checkbox"/> Patient and Family Companions |
| <input type="checkbox"/> Reception and Administration | <input type="checkbox"/> Truck Hand | <input type="checkbox"/> Patient Support Driver |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Floral Arranging | <input type="checkbox"/> Fundraising / Events / Appeals |
| <input type="checkbox"/> Kitchen Helper | <input type="checkbox"/> House Keeping | <input type="checkbox"/> General Handyman / Maintenance |
| <input type="checkbox"/> Vehicle cleaning (wash, polish and valet) | | |
| <input type="checkbox"/> I would prefer to discuss the opportunities available with the Volunteer Services Manager. | | |

Are there any other skills that you are willing to offer to Te Omanga Hospice?

Please detail _____

Availability to Volunteer

What is your preferred day or days? _____

Are you available during school holidays or on public holidays? Yes / No

Specific Skills and Training In Employment and Volunteer Experience

Please list any specific skills, training, interests and work experience that you have, that may influence the area where you are assigned as a Hospice volunteer.

References

Please give the contact details of two referees who are not members of your own family, who have known you for at least two years and who are in a position to comment on your reliability, trustworthiness and suitability for your volunteer role. This might be an employer, colleague, teacher or neighbour, etc. Please check with referees that they are willing to act as a referee.

Referee One	Referee Two
Name _____	Name _____
Mobile Phone No _____	Mobile Phone No _____
Email _____	Email _____
In what capacity do you know Referee One _____	In what capacity do you know Referee Two _____

Criminal Convictions

Do you have any criminal convictions? (Please note that we require consent for Police Vetting/Ministry of Justice from all applicants – you will be asked to complete this at your interview with the Manager, Volunteer Services) Yes / No

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

Under the Children's Act 2014, volunteers onboarded at Te Omanga Hospice are required to be police vetted every 3 years, do you give ongoing permission for this to be undertaken? Yes / No

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

Volunteer Confidentiality Agreement

Patients and families involved with the Te Omanga Hospice are accorded confidentiality. As a volunteer with this organisation, I agree to respect and maintain this trust.

I AGREE to my personal contact details being used within the hospice for the sole purposes of undertaking a volunteer role. The personal information contained in this form will be held electronically in our volunteer management system and remain confidential to Te Omanga Hospice. Your information will only be used for the purposes under which it has been obtained. Under the Privacy Act 2020, 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. I also will inform Te Omanga Hospice if any of this information changes while I am a volunteer.

Signed _____ Date _____

Thank you for volunteering for hospice work. We trust that you will find your endeavours rewarding. Please do not hesitate to contact the Volunteer Manager, Rachel.brandt@teomanga.org.nz or phone 021 103 8841 or 566 4525 (Option 3) if you have any queries.