



## Volunteer Application Form

The information contained in this form is intended solely for Hospice records and will not be disclosed for any other purpose.

**For volunteer Coordinator / Admin only:**

Reference Check:      Y      N      Date: \_\_\_\_\_

Police Check:         Y      N      Date: \_\_\_\_\_

**Personal Details:**

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Email: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Postal address: (If different from above)

\_\_\_\_\_

Phones:

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender:      M      F      Prefer not to say

Ethnicity: \_\_\_\_\_ Occupation: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Do you have a health condition (Physical, mental or medical) that may affect you or require support or assistance in order for you to carry out a volunteer role at Franklin Hospice?      Y      N

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone number: \_\_\_\_\_ Alternative phone: \_\_\_\_\_

**Hospice Volunteer:**

What has attracted you to being a Hospice volunteer? \_\_\_\_\_

\_\_\_\_\_

Have you suffered a close bereavement in the past 12 months: Y N

If yes, who? (family/ friend): \_\_\_\_\_

Do you know anyone who was cared for by a Hospice: Y N

If yes, who? (family/ friend): \_\_\_\_\_

**Work and Life Experience:**

Please tell us your present or previous occupations: \_\_\_\_\_

\_\_\_\_\_

Please tell us about any past volunteer work you may have done: \_\_\_\_\_

\_\_\_\_\_

Please tell us about any current volunteer work you are involved in: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Volunteer Positions:**

Please let us know how you would like to help. We are looking for people who want to volunteer at Franklin Hospice weekly, fortnightly, monthly or occasionally. Here is a list of some of the volunteer roles available:

*Patient Contact:*

- Transport
- Patient Companionship
- Biographer/Life Story
- Caregiver Support Group

*Non-Patient Contact:*

- Retail shop duties
- Fundraising/events
- Administration (office support)
- Gardening
- Car/ Van cleaning
- Handyman/ Maintenance
- Sewing

Other \_\_\_\_\_

**Orientation and Training:**

It is a requirement of Franklin Hospice that all new volunteers attend orientation and training sessions as appropriate to their roles. These will be advised to you as your application is processed.

**Availability to volunteer:**

Approximately how much time can you give to Franklin Hospice volunteering? (Please circle)

Weekly      Fortnightly      Monthly      Occasionally

Are you available during school holidays?                      Y                      N

What is/are your preferred day/s? (Please tick the time slots that suit you.)

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
AM						
PM						

**References:**

Please give the contact details of two referees who have known you for at least two years, are not members of your own family 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.

*Referee One:*

*Referee Two:*

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

In what capacity do you know this referee:

In what capacity do you know this referee:

\_\_\_\_\_

\_\_\_\_\_

**Criminal Record:**

Do you have any convictions?

Y

N

If you answered Yes, what was the offence/s and when did it occur? \_\_\_\_\_

\_\_\_\_\_

By signing this form, you also agree to notify Franklin Hospice if you are ever convicted of a criminal offence while volunteering for us.

**New Zealand Police Check:**

Franklin Hospice reserves the right to run a police vetting check on all it's volunteers.

I hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application by Franklin Hospice.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If accepted as a volunteer at Franklin Hospice, I agree to:

- Attend the volunteer induction and training programmes.
- Work within Franklin Hospice protocols, as outlined during induction and training.
- Consent to disclosure of information for the Police Vetting Service.
- Keep any information about patients, staff and other volunteers confidential at all times.

Please accept my application to be a Volunteer with Franklin Community Hospice.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your application to volunteer for Franklin Hospice. We trust that we can provide you with rewarding volunteer work. Please return this form to the Volunteer Services Coordinator at 29 Hall Street, Pukekohe.