



Franklin
Community Hospice

Volunteer Application Form

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

Personal Details:

First name: _____ Surname: _____

Preferred name: _____

Email: _____

Home address: _____

_____ Postal Code: _____

Postal address: (If different from above)

Phone: _____

Date of Birth: _____

Gender: M F

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:

New Zealand Police Check:

Franklin Hospice reserves the right to run a police vetting check on all its 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.
- Not expect any remuneration for my services.
- Keep any information about patients, staff and other volunteers confidential at all times.
- Follow all Health & Safety guidelines and any instructions given.

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.