

North Haven Hospice Based Volunteer Application Form

Interview Date: **Starting Date**..... **Area of volunteering**.....

First Names: **Preferred name:** **Surname:**

Address:

Telephone: Daytime Mobile.....

Email: (write very clearly)
.....

Date of Birth:/...../..... **Occupation:**

Ethnic Origin

How did you find out about volunteering opportunities at hospice?

What personal qualities make you suitable for hospice work?

Why do you want to volunteer for hospice?

Describe interests, hobbies and skills you could bring to hospice?

Describe any previous volunteering experience you have?

MEDICAL EMERGENCY CONTACT & CONDITIONS

Contact Name Relationship.....

Phone – Home Work Mobile.....

Your Doctor's Name **and/or** Medical Practice registered to.....

Phone

Do you suffer any medical condition that may affect your volunteer work? YES NO

If yes, please tell us:

VOLUNTEER WORK I AM INTERESTED IN (PLEASE TICK BOX(S))

<i>Community home visitor/buddy</i>		<i>Reception/administration support</i>	
<i>Nurturing Touch (palliative massage)</i>		<i>Life Reflections, recording patient's stories</i>	
<i>Living Well in the Community programme</i>		<i>Patient's drivers in community</i>	
<i>Fundraising (memory trees etc.)</i>		<i>In-patient unit</i>	
<i>Car Fleet valet</i>		<i>Community patients equipment supplier</i>	
<i>Gardening team/florist (circle preference)</i>		<i>Caterers for patient group lunches</i>	

YOUR IMAGE COLLECTION AND STORAGE.

North Haven Hospice frequently takes photographs that are used on-line on our website and Face book page and in a variety of printed publications to tell the hospice and hospice shop story.

Do you give permission for your image to be collected and stored on our secure system?

YES NO signed.....

Do you have a driver's licence? YES NO Write down type.....

PERSONAL HISTORY

Have you ever been convicted of a criminal offence? YES NO

Do you have a criminal conviction, or have charges pending in New Zealand or overseas jurisdiction
YES NO

Please provide the names and contact details of one referee who will be happy to support your application to become a volunteer. (**Your referee should not be a close relative**)

Namerelationship to you.....phone.....

Signed: