North Haven Hospice Volunteer Application Form for Shops

PLEASE TICK YOUR AREA OF INTEREST:

Whangarei CBD shop		Customer service focus: Counters, merchandisers, storemen
Outlet Small Shop		Customer service focus: Counters, merchandisers
Processing Centre		Storemen, sorting & processing stock
Waipu Small Shop		Counters, stock control

First Name: ……. **Preferred name:** …… ..**Surname**: ……..……..

Address:……..……Post Code…… …..

Telephone: Daytime……...Mobile……..…….

Email: (please write clearly)……..……

Occupation: ……..……

Ethnicity (optional) …… **Date of Birth** (optional): ……/……/……

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?

Are there other interests, hobbies and skills you could bring to hospice?

Do you have previous volunteering experience? Please describe this.

Office use only: ☐ FR ☐ SDB ☐ RB

Interview Date: …… Starting Date……..……..….

MEDICAL EMERGENCY CONTACT & CONDITIONS

Contact Name ……Relationship……..…..

Phone – Home …… Work ……Mobile…….

Your Doctor's Name and/or Medical Practice…….. Phone ……

DAYS YOU ARE AVAILABLE TO WORK IN THE SHOP – Please, tick your preference

TIME	*Mon*	*Tues*	*Wed*	*Thurs*	*Friday*	*Sat*
Morning 9:00 - 1:00						
Afternoon 12:30– 4:30						
Evening 4:30– 6:30pm						

(Exceptions to these apply for special events)

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 in our secure system for this purpose?

YES ☐ NO ☐ signed…….

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***)

Name:…… Phone number…….Relationship to you……..

PHYSICAL CAPABILITY

In this volunteering role you may be asked to do the following. Please tick those that are or may be an issue for you.

	Work for a period of 2-4 hours		Walk/stand/sit		Make self-safe in an emergency
	Reach above shoulder height		Use arms above shoulder height		Bend
	Lean over		Crouch		Kneel
	Crawl		Grip		Carry
	Lift		Push		Pull
	Use household-type hand tools or equipment		Work at a computer		Hear/listen
	Speak to communicate		See / read		Drive a vehicle

HEALTH DECLARATION:

I have / have not *(delete one)* had any injury or medical condition or disability which:

- May be aggravated by my working at the volunteering job for which I am applying.
- May reduce my ability to carry out efficiently all the duties required of me.

Note: *injury or medical condition or disability* includes any condition caused by gradual process, accident, disease or infection, such as but not limited to noise induced hearing loss, back problems, musculoskeletal problems, occupational overuse syndrome (repetitive strain injury), alcohol and/or drug addiction/dependence, chemical sensitivity in the form of dermatitis, allergies or respiratory problems.

Please give details of any such injury, medical condition or disability:

I am / am not *(delete one)* taking medication and/or having treatment which has side effects, e.g. drowsiness, slowed reaction times, which may reduce my ability to carry out safely and efficiently all the duties required of me.

The medication or treatment is:

The following workplace arrangements would be required to enable me to do this volunteering work:

_____

Please ensure you have completed all sections of this form before signing this declaration.

I _____(full name) declare that to the best of my knowledge the answers provided in this application form and any other information provided to the North Haven Hospice in support of my application is correct and I understand that if any false or deliberately misleading information is given, or any material suppressed, I will not be accepted, or, my volunteer engagement may be terminated.

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 Hospice Shops management at 09 438 1050.