

North Haven Hospice Based Volunteer Application Form

Office use only: Interview Date

Area of volunteering:

Availability date:

Please complete all sections, print clearly.

Answer YES or NO questions with a tick , and provide details for any YES answer

If any part of this form is unclear, please contact Volunteer Services at North Haven Hospice (NHH).

PERSONAL INFORMATION				
Last name:		Previously known as:		
Title:		Gender:		
First name/s:		Preferred name:		
Date of birth: (optional)	NHI: (if known)	Ethnicity: (optional)		
Postal address:				
Email address:				
Day time telephone no:		Cell phone no:		
Currently working / previously volunteered / worked at NHH <i>Details:</i>			YES	NO
Do you have a criminal conviction, or have charges pending in NZ or overseas? <i>Details:</i>			YES	NO
Do you hold a current NZ driver license? <i>Write down type:</i>			YES	NO
VOLUNTEER WORK I AM INTERESTED IN (Please tick boxes)				
	Community support / carer respite		Community patients equipment delivery	
	Nurturing Touch (palliative massage)		Catering for patient group lunches	
	Living Well, day programme		Reception / administration support	
	Life Reflections, recording patients' stories		Fundraising (memory trees, etc)	
	Driving patients in the community		Car fleet valet	
	In-patient unit		Gardening team	
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				
PERSONAL AND MEDICAL EMERGENCY CONTACTS				
Contact Name (<i>next of kin</i>):			Relationship to you:	
Phone: Home:		Mobile:		Work:
Your Doctor's Name and/or Medical Practice:				
Phone:				
REFEREE				
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:		Relationship to you:		Phone:
YOUR IMAGE COLLECTION AND STORAGE				
North Haven Hospice frequently takes photographs that are used on-line on our website, in social media posts, 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, stored on our secure system & used for this purpose? YES <input type="checkbox"/> NO <input type="checkbox"/> signed.....				
YOUR HEALTH, SAFETY & WELLBEING				
The Health and Safety at Work Act (2015) requires North Haven Hospice (NHH) to ensure the health and safety of all workers and others in the workplace. Your information is used by NHH to:				
<ul style="list-style-type: none"> • identify and record your baseline health status • assess your fitness and suitability as a volunteer working directly with patients, if applicable • identify safe work activities, necessary workplace modifications or risks • assist in managing hazards and risks 				
Your personal medical information is treated in the strictest confidence and will be reviewed by a competent person. Information is collected and stored in accordance with the Privacy Act 1993 and the Health Information Privacy Code 1994. Information will not be disclosed to a third party without your consent. Should there be further requirements you will be advised by NHH.				
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 continuously for 2-4 hours		Walk/stand/sit	Make self-safe in an emergency
	Reach above / 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	See / read
	Hear / listen		Speak English clearly	Drive a vehicle

General health				
In the last 2 years, have you had or do you currently have an injury that may affect your ability to carry out the responsibilities of the volunteer position you have applied for, or to take part in related training? <i>Details including current medications:</i>		YES	NO	
In the last 2 years, have you had or do you currently have a health condition that may affect your ability to carry out the responsibilities of the volunteer position you have applied for, or to take part in related training? <i>Details including current medications:</i>				
In the last 2 years, have you had or do you currently have a disability that may affect your ability to carry out the responsibilities of the volunteer position you have applied for, or to take part in related training? <i>Details including current medications:</i>				
Do you have allergies, e.g. food, medicines, latex, insects, animals, chemicals, etc? <i>Details</i>		YES	NO	
Do you have any condition that would prevent you from wearing personal protective equipment, e.g. face mask, gloves, closed shoes, or hearing protection? <i>Details:</i>		YES	NO	
Have you ever suffered adverse consequences from alcohol, cannabis or other drugs, whether prescribed or non-prescribed? <i>Details:</i>		YES	NO	
Infection control and communicable diseases				
In the last year, have you had the seasonal influenza vaccine? <i>Date:</i>		YES	NO	
Are you a known carrier of any blood born disease, e.g. Hepatitis B or C , or HIV <i>Details</i>		YES	NO	
In the past 6 months, have you worked or volunteered in or been a patient in a hospital / health care facility?		YES	NO	
Name of hospital / facility		Location or hospital / facility		
		Date		
Have you ever had contact with, been colonised by, infected with or treated for any multi-drug resistant organism (super-bug)? <i>When: Name of organism:</i>		YES	NO	DON'T KNOW
If you were born after 1969, have you had two doses of the MMR vaccine (measles, mumps, rubella)?				
Other				
Do you smoke tobacco or vape? <i>North Haven Hospice buildings and grounds are smoke-free</i>		YES	NO	

<p>Are you taking any medication / having any treatment which has side effects, e.g. drowsiness, slowed reaction times, which may reduce your ability to carry out safely and efficiently all the duties required of me. <i>Details</i></p>	<p>YES</p>	<p>NO</p>
<p>Do you require any workplace modifications to adequately perform the role you have applied for? <i>Details</i></p>	<p>YES</p>	<p>NO</p>
<p>Do you have any previous or ongoing ACC claims? <i>Details</i></p>	<p>YES</p>	<p>NO</p>

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

I _____ (full name) declare that to the best of my knowledge the information I have given in this questionnaire is complete and accurate. I understand that giving false or misleading information or supressing information is a serious matter and as a result I will not be accepted, or, my volunteer engagement may be terminated. I consent to NHH contacting my GP for further health information if required to assess my suitability for the position.

Signed:Date

Thank you for volunteering for hospice work. We trust that you will find your endeavours rewarding. Please do not hesitate to contact Hospice Volunteer Services at 09 437 3355.