

North Haven Hospice Based Volunteer Application Form

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).

FORM 1

Last name:	
Title:	DOB (optional)
First name/s:	Preferred name:
Email address:	
Day time telephone no:	Cell phone no:

FORM 2

Postal address:	
VOLUNTEER WORK I AM INTERESTED IN (Please tick boxes)	
<input type="checkbox"/> Community support / carer respite	<input type="checkbox"/> Floral displays in hospice
<input type="checkbox"/> Nurturing Touch (palliative massage)	<input type="checkbox"/> Reception / administration support
<input type="checkbox"/> Full Circle Singers	<input type="checkbox"/> Fundraising (memory trees, etc.)
<input type="checkbox"/> Life Reflections, recording patients' stories	<input type="checkbox"/> Car fleet valet
<input type="checkbox"/> Driving patients in the community	<input type="checkbox"/> Gardening team
<input type="checkbox"/> In-patient unit	<input type="checkbox"/> Reception / administration support
How did you find out about volunteering opportunities at hospice?	
Volunteering Northland <input type="checkbox"/> Friend/network <input type="checkbox"/> Experience of hospice through whanau/friends <input type="checkbox"/> Other <input type="checkbox"/>	
What personal qualities do you think make you suitable for hospice work?	
Why do you want to volunteer for hospice?	
Describe interests, hobbies and skills you do you wish to bring to hospice	
Describe any previous volunteering experience you have	

PERSONAL INFORMATION		
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
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		
<i>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)</i>		
Name:	Relationship to you:	Phone:
YOUR IMAGE COLLECTION AND STORAGE		
<i>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.</i>		
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.....		
Do you give permission for your contact details to be stored and used for communication purposes? YES <input type="checkbox"/> NO <input type="checkbox"/> signed.....		
YOUR HEALTH, SAFETY & WELLBEING		
<i>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:</i>		
<ul style="list-style-type: none"> <i>record what your normal health is for you</i> <i>assess your fitness and suitability as a volunteer working directly with patients, if applicable</i> <i>identify safe work activities, necessary workplace modifications or risks it needs to make/be aware of</i> <i>assist in managing hazards and risks</i> 		
<i>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.</i>		
Physical capability: In your chosen 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
Infection control and communicable diseases		
In the last year, have you had the seasonal influenza vaccine? <i>Date:</i>	YES	NO
In the last year, have you completed a COVID19 vaccine course? <i>Date</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
Other		
Do you smoke tobacco or vape? <i>North Haven Hospice buildings and grounds are smoke-free</i>	YES	NO
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 you. <i>Details</i>	YES	NO
Do you have any previous or ongoing ACC claims? <i>Details</i>	YES	NO

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, 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, it has so many different impacts in so many different ways.

Contact phone number is 09 437 3355 – ask for Volunteer Services