



Volunteer Application Form

Thank you for your interest in volunteering for Hospice Southland.

Your gift of time, skills and experience helps us to provide our palliative care services free of charge to patients and their families in our community.

Please don't hesitate to ask if you require assistance or clarification with any of the following questions.

Please complete the following:

Personal Details

Full Name	Maiden or other names
Address	Nationality
Suburb	Date of birth
City	Place of birth
Postcode	Sex Male Female
Day phone	NZ Driver's Licence number
Cell phone	Emergency contact number:
Email	
Occupation	
How did you hear about volunteering for hospice?	

Age Group: Under 20 21 – 25 26 – 40 41 – 55 56 – 70 70 +
(please circle)

What experience do you have in volunteer work?

What personal qualities and skills can you bring to work in your area of choice?

What has drawn you or caused you to volunteer for hospice?

Please indicate by ticking the areas you are interested in working (you may choose more than one). Some of these teams and work are at the hospice facility, fundraising and events in the community and at our seven shops located throughout Southland and Queenstown.

	Community Support	Companionship patients in the community (homes/rest homes).
	House Team	Kitchen assistants and cleaners help to prepare IPU patient meals and maintain a clean and comfortable environment.
	Day Programme Team	Hosts patients who live in the community at the hospice for a social day out.
	Living legacies Team	Assists people to record their life history and experiences in biographies, or with projects to pass on their skills or knowledge.
	Fundraising and Events Team	Assist with organising a variety of community events such as the annual Street Appeal.
	Gardening Team	Help to maintain our beautiful hospice grounds.
	Administration Team	The heroes who help us win the paper war!
	Hospice Shop Team	Help to turn second hand goods into first class care.
	<i>Please circle shop:</i> Invercargill Windsor SouthCity Gore Winton Queenstown Te Anau	

Which day suits you best? (Please circle)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
am / pm	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm

Referees:

Referee 1

Referee 2

Name	_____	_____
Address	_____	_____
Phone	_____	_____
Relationship	_____	_____

Privacy Statement and Consent to Police Check by Hospice Southland

- The information that you supply will be used by Hospice Southland to consider your suitability for a volunteer position and will be held securely by Hospice Southland.
- No information that you have provided will be disclosed without your authorisation except as required by law.
- You have a right to access personal information held by Hospice Southland.
- I consent to the disclosure by the New Zealand Police any information they may have pursuant to myself, to Hospice Southland Charitable Trust. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.
- Vaccination Status – I agree to provide my up-to-date COVID-19 vaccination status to hospice and that it complies with government orders.

I declare that all information provided by me is true and correct:

Signed:

Date:

If you have any queries regarding this application, please contact us:

Address **Hospice Southland**
 PO Box 7020
 INVERCARGILL 9844
Email office@hospicesouthland.org.nz
Telephone (03) 211 3081