



## Volunteer Application form

Thank you for your interest in volunteering for Hospice Southland.

As a volunteer, 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		Information required for police check	
Full Name		Maiden or other names	
Address		Nationality	
Suburb		Date of birth	
City		Place of birth	
Postcode		Sex	Male   Female
Day phone		NZ Drivers Licence number	
Cell phone			
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)

**Please provide as much information as you feel comfortable**

**What experience do you have in volunteer work?**

---

---

---

---

---

---

---

---

**What personal qualities make you suitable for Hospice work in your area of choice?**

---

---

---

---

---

**What has drawn you to Hospice for volunteer work?**

---

---

---

---

Please indicate 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 the four shops located throughout Southland – Gore, Invercargill, Queenstown and Winton.

	<b>House Team</b>	Kitchen assistants and cleaners help to prepare patient meals and maintain a comfortable environment
	<b>Day Programme Team</b>	Hosts patients who live in the community at the hospice for a social day out
	<b>Living legacies Team</b>	Assists people to record their life history and experiences, or with projects to pass on their skills or knowledge
	<b>Fundraising and events Team</b>	assist with organising a variety of community events
	<b>Gardening Team</b>	Help to maintain our beautiful hospice grounds
	<b>Administration Team</b>	The heroes who help us win the paper war
	<b>Hospice Shop Team</b>	Help to turn second hand goods into first class care

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

Contact details

Referee 1

Referee 2

Name \_\_\_\_\_

Phone \_\_\_\_\_

Cell 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.

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](mailto:office@hospicesouthland.org.nz)

**Telephone**

03 211 3081