



Volunteer Application Form

Thank you for your offer of volunteer support with Hospice Marlborough, a role that's both meaningful and enriching and an experience that can be a highly rewarding and fulfilling one.

Office Use Only:

- Application received: _____
- Interview booked: _____
- Interview conducted: _____
- Vetting form signed: _____
- Reference Check: _____
- Info Pack sent: _____

Full Name			
Prefer to be known as	Title Mr./Mrs./Miss/Ms.		
Title <i>(please circle)</i>	Mr. Mrs. Ms. Miss. Mx.		
Address			Postcode
Phone	Home	Work	Mobile
Email address <small>(please print clearly)</small>			Date of Birth
Occupation			
Emergency Contact <small>(name, relationship, phone)</small>			Phone
Please specify your ethnic origin: <i>(please circle)</i>			
NZ European Māori Asian Pasifika Middle Eastern/Latin American/African			
Other: <i>(please state)</i>			
Do you speak any other language, apart from English (please state)?			

Please provide as much information as you can on the following questions:

What personal qualities make you suitable for Hospice volunteer work?
If you have previous experience in volunteer work, please describe where and what you did?
Are there other interests and skills you could bring to the Hospice?
What are your reasons for wanting to volunteer for Hospice Marlborough?

Have you experienced personal bereavement, and when did this happen?

What type of work would you like to do for the Hospice? *(Please tick all appropriate)*

Hospice Reception / Administration Catering
 Patient / Carer Companion Reception counter at Wairau Hospital
 Life stories and letter writing Gardening
 Equipment Cleaning Complimentary Therapies
 Fundraising Events Hospice Shop

Do you have any medical conditions that may affect your ability to carry out Hospice Volunteer work?
(please outline)

Please indicate a day/time commitment that best suits you to volunteer

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

Please indicate the number of hours per week/month that you can volunteer.

References
 Could you please supply the name and contact details of one personal referee who you know will be happy to support your application to become a Volunteer *(note: referee should not be a close relative)*.

Name	Relationship	Address	Phone

Would you like to receive Hospice Newsletter/ Communications? Yes No

All roles with Hospice Marlborough require a Police / Ministry of Justice check. Applicants are requested to sign a consent form for Police / Ministry of Justice vetting at the initial interview. All information received from the New Zealand Police/ Ministry of Justice is stored confidentially on appointment or, on non-appointment, confidentially destroyed.

Do you have any criminal convictions? Yes No

If you answered yes, what was the offence and when did it occur.

By signing the Volunteer Agreement, you agree to notify Hospice Marlborough if you are ever convicted of a criminal offence.

We acknowledge Hospice Wairarapa for allowing us to use their Volunteer Application form as our guide

Volunteer Agreement



I, _____ agree that as a volunteer for Hospice Marlborough I shall;

- Abide by and support the philosophy, policy, and guidelines of Hospice Marlborough.
- Act in the best interests of the organisation.
- Maintain confidentiality and respect and maintain this trust.
- Abide by safety and risk management requirements.
- Carry out the tasks outlined in the Role Description.
- Attend on the agreed time and day or contact the appropriate person if I am not available.
- Participate in orientation, meetings, and trainings as required.
- Raise any matters of concern with your Line Manager/Volunteer Co Ordinator.
- At all times, demonstrate professional behaviour and attitude when dealing with management, staff, other volunteers, patients, families, and the public.

Hospice Marlborough agrees to;

- Provide orientation, training and support.
- Provide a safe working environment.
- Reimburse for pre-approved expenses.
- Provide information about the organisation.
- Provide opportunities for input into the organisation.
- Acknowledge and recognise the contribution of volunteers to the organisation.

Confidentiality Agreement

I, _____ agree that any information heard, observed, or obtained during my work at Hospice Marlborough shall remain confidential to Hospice Marlborough. I agree that I shall not discuss any confidential information obtained as a volunteer with anyone, other than my direct manager or members of the Hospice Marlborough Management Team as required.

I AGREE to my name and phone number being used within the Hospice Marlborough. The personal information contained in this form will be held by and remain confidential to the management team of Hospice Marlborough Under the Privacy Act 1993, I have the right (with certain exceptions) to request access to, and correction of, any of my personal information held by the Hospice.

I DECLARE that all the information provided by me in support of my application is correct. I acknowledge that if I have provided incorrect or misleading information or have omitted information of significance, I may be disqualified from becoming a volunteer or, if appointed, be liable to be dismissed.

Signed: _____

Date: ___/___/___

Please send your completed Volunteer Application form to:

Volunteer Coordinator, Hospice Marlborough

Deliver: Gate 2 Wairau Hospital, Hospital Road, Blenheim 7201

Post: PO Box 411, Blenheim 7201

Phone: 03 578 9492

Email: volunteer@mht.org.nz